

CITY OF COLORADO SPRINGS FIRE BOARD OF APPEALS MEETING AMENDED AGENDA PIKES PEAK REGIONAL BUILDING DEPARTMENT 2880 INTERNATIONAL CIRCLE MAY 10, 2019 – 8:30 A.M. to 10:00 A.M.

CALL TO ORDER

WELCOME & FAREWELL WITH GRATITUDE

ADMINISTRATIVE

1. Review April 12, 2019's Fire Board of Appeals Meeting Minutes

2. Contractor Licensing

A. Fire Alarm Contractor A

i. Business Name:

Principal Officers:

Weifield Group Contracting, Inc.

Seth Anderson, Chief Executive Officer Pete Farreny, Chief Operations Officer

ρ.

Duff J. Stroumbos
Duff J. Stroumbos

Licensee: RME:

B. Fire Alarm Contractor B

i. Business Name:

Members:

Dignity Fire Protection, Co., LLC

Denry Shobe Chassee Shobe

Licensee:

Denry W. Shobe

RME:

Denry W. Shobe

ii. Business Name:

Pye-Barker Fire & Safety, LLC Barton A. Proctor

Owner: Licensee:

Raymond J. Carnahan

RME:

Derick M. Horsey

C. Fire Suppression Contractor A

i. Business Name:

Pye-Barker Fire & Safety, LLC

Owner: Licensee: Barton A. Proctor Raymond Carnahan

RME:

George T. Malarchik

D. Fire Suppression Contractor B

i. Business Name:

Empire Fire & Safety, Inc. Lilia Walker, President

Principal Officers:

Dave Walker, Vice President

Licensee:

Dave A. Walker

RME:

Dave A. Walker

· magazini i i

ii. Business Name:

Our and

Pye-Barker Fire & Safety, LLC

Owner:

Barton A. Proctor Raymond J. Carnahan

Licensee: RME:

Raymond J. Carnahan

E. Fire Suppression Contractor H

Business Name:

Pye-Barker Fire & Safety, LLC

Owner:

Barton A. Proctor

Licensee: RME: Raymond J. Carnahan

Raymond J. Carnahan

DISCUSSION ITEM(S)

1. Update on Status of Boards and Commissions Ordinance

ADJOURN

Respectfully

Brett T. Lacey, Fire Marshal

Secretary to Fire Board of Appeals



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY N	AME: Weifie	eld Group Contra	acting, Inc.				
PRINCIPAL:			LICENSE HOLDER: Duff Stroumbos				
RME: Duff St	troumbos		RECO	MMEND:			
				☑ AP	PRO	VAL [] DISAPPROVAL
				DATE	4	/4/19	
LICENSE APPI	LYING FOR:						
FSC-A	FSC-B	FSC-C	FSC-D	FSC	:-Н	FSC-M	FAC-A FAC-B
FAI	FSI	FSI-L	FST-B	FST	-C	FST-D	FHT
	PPRBI	INFORMATIO	N		1	NAME	DATE
RECEIVED	BY PPRBD					Rose	3-29-2019
CRIMINAL	BACKGRO	UND CHECK				Rose	3-29-2019
SENT TO FI	RE					Rose	3-29-2019
CSFD					Chi	p Taylor	4/4/19
CSFD					Cni	p raytor	4/4/19
						li .	
COMMENT	FG.						
COMMENT	New						
PPRBD LICENSING		FIRE					·····
Phone: 719-327-262		Phone: 719-385- Fax: 719-385-73					

Email: Fireconstructionservices@springsgov.com

Email: Licensing@pprbd.org

PIKES PEAK REGIONAL BUILDING DEPARMENT

Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

๗ FAC-A

□ FAC-B

RBD USE ONLY
Date 3-29-19
Initial RS
Receipt #1586168
RBD #16073

	BUS	iness Information		I LEAD TO	
1	eck one) □ Individual □ WEIFIELD GROUP CONTRACTI	•	orporation	□ LLC	
Business Name:	he name that will appear on the lice	ense and is the actual na	me under which i	the contracting b	usiness will operate)
	entification Number: 431949			,	
Business Address:	6950 S Jordan Rd				
	Street Address			Apartment/Uni	t#
	Centennial		CO		80112
	City		State		ZIP Code
Business Phone: 3	03-428-2011	Business E	mail:		
Business Fax: 303	-202-0466	Business W	/ebsite: https	://www.weifiel	dcontracting.com/
	al Officers, Partners, or Owr				
Name: Seth And	erson			itle: CEO	
Name: Pete Fari	reny		т	itle: COO	
1. Number of years	s company has operated as a	contractor? (If nev	v, write "new	/") <u>17</u>	
2. Type of work pe	erformed? (Check one or both	n, if applicable)	☐ Res	idential 🛭 Co	ommercial
3. Has the compan and/or claims agai	y ever been named in or response them in which the compa	ponsible for any en any was the contra	tered and uns	satisfied judg ☑ No If yes,	ments, liens, Explain
4. Has the compan	y been a defendant in a coll	ection action court	case? ☐ Yes	☑ No If yes, I	Explain
5. Has the compan	y ever declared bankruptcy?	☐ Yes ☐ No If yes,	Explain		
6. Has the compan	y ever had a license suspend	led or revoked? 🗖 \	es ☑ No If ye	es, Explain	
7. Has the company ever defaulted on a contract? Yes No If yes, Explain					
	License	s held by the com	pany	2	Subject freeholds
Jurisdictio	n - License type and number	Ju	risdiction- Lie	cense type an	d number
	ctrical Contractor - 23320				
	ical Contractor - EC.00058	113			
Denver - Electric	al Contractor - LIC234904				

Project History (List projects in which this company worked as the contractor.)
1. Project Street Address: Hilton Hotel, 1999 Chestnut, Denver CO
Type of work (check one) Residential Commercial Cost: \$350,000 Date: 2017 Your position: Fire Alarm Senior Engineering Technician Fire Alarm & Smake Control in new 12 Story Hetel
Describe Job in detail: Fire Alarm & Smoke Control in new 12 Story Hotel
2. Project Street Address: Monarch Casino Black Hawk CO
Type of work (check one) ☑ Residential ☑Commercial
Cost: \$1.6 M Date: 2018 Your position: Fire Alarm Senior Engineering Technician
Describe Job in detail: Fire Alarm & Smoke Control in new 20 Story Hotel / Casinio
3. Project Street Address: 17 W 1777 Wewatta Denver
Type of work (check one) □ Residential □Commercial
Cost: \$500,000 Date: 2018 Your position: Fire Alarm Senior Engineering Technician
Cost: \$500,000 Date: 2018 Your position: Fire Alarm Senior Engineering Technician Describe Job in detail: 3 - 15 Story Towers on Common Podium Fire Alarm/ Smoke Control / BDA
4. Project Street Address: Denver 911 Call Center 12025 E 45th Ave Denver
Type of work (check one) ☐ Residential ☐ Commercial Cost: \$\frac{\$100,000}{Date:} Date: 2018
Describe Job in detail: New Fire Alarm / Pre Action / Mass Notification /
5. Project Street Address: Colorado School of Mines Green Center Golden CO
Type of work (check one) □ Residential □Commercial
Cost: \$70,000 Date: 2019 Your position: Fire Alarm Senior Engineering Technician
Describe Job in detail: Retrofit Labs / Classrooms / Entire System replacement/ Fire Alarm / Mass /
CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.
Print name and title (owner, principal or manager) Pete Farreny COO
Signature: Date: 3-29-18

	Legal Name:	Stroumbos		Duff		J
	Legat Name.		is no	First		M.I.
late of l	Birth: 04/07/19	56		_ Social Security N	Jumber:	
	1374 Gleno			_ Judiat Section ity i	tumbert Esta	
ddress:		eet Address				Apartment/Unit #
	Denver			C	0	80220
	City			State		ZIP Code
none:	303-668-38	70	_ Fax:	Fire Alexan Sur	Email:	dstroumbos@weifieldgroup.c
What	is your area of e	expertise in th	e industry?	Fire Alarm Sys	stems	
	ong have you wo					
						uninla va a
		بحج حجالة والهادين	mnany? (Own	er nartner emni	ovee, etc.)	employee
What	is your affiliatio	n with the cor	inpuny. (Oili	ici, partifei, cimpt		
						Explain
Have Have The e	you ever been co you had a licens xaminee underst g activities: supe	onvicted of a less suspended of a less that directions that directions, manager	misdemeano or revoked? C ect supervision aging constru	r or felony? □ Yes □ Yes ☑ No If yes, on and control inc ction activities by	Explain	Explaine or a combination of the nical and administrative
Have that the ellowing ecisions	you ever been co you had a licens xaminee underst g activities: supe s, checking jobs	e suspended of a lands that directions that directions manafor proper wo	misdemeano or revoked? E ect supervision aging constru orkmanship, o more of theso	r or felony? □ Yes □ Yes □ No If yes, on and control inc ction activities by or direct supervisi e duties? □ Yes □	Explain cludes any one making tech on on job site	Explaine or a combination of the
Have that the desired the second	you ever been co you had a licens xaminee underst g activities: supe s, checking jobs	e suspended of a lands that directions that directions manafor proper wo	misdemeano or revoked? E ect supervision aging constru orkmanship, o more of theso	r or felony? □ Yes □ Yes ☑ No If yes, on and control inc ction activities by or direct supervisi	Explain cludes any one making tech on on job site	Explaine or a combination of the nical and administrative
Have Have The e ollowing ecisions ualifyin	you ever been co you had a licens xaminee underst g activities: supe s, checking jobs	e suspended of ands that directions ands that directions for proper worform one or r	misdemeano or revoked? E ect supervision aging constru orkmanship, o more of theso	r or felony? □ Yes □ Yes □ No If yes, on and control inc ction activities by or direct supervisi e duties? □ Yes □	Explain Explain cludes any one making tech on on job site	e or a combination of the nical and administrative es. Will you, as the
Have Have The e Illowing ecisions alifying	you ever been co you had a licens xaminee underst g activities: supe s, checking jobs ng individual, per NICET	e suspended of eands that directions for proper worform one or r	misdemeano or revoked? E ect supervision aging constru orkmanship, o more of theso	r or felony? Yes Yes No If yes, on and control inc ction activities by or direct supervisi e duties? Yes NICET Level	Explain cludes any one making tech on on job site	e or a combination of the nical and administrative es. Will you, as the Expires
Have Have The eollowing ecisions ualifying	you ever been co you had a licens xaminee underst g activities: supe s, checking jobs ng individual, pe	e suspended of eands that directions for proper worform one or r	misdemeano or revoked? E ect supervision aging constru orkmanship, o more of theso	r or felony? □ Yes □ Yes □ No If yes, on and control inc ction activities by or direct supervisi e duties? □ Yes □	Explain Explain cludes any one making tech on on job site	e or a combination of the nical and administrative es. Will you, as the
Have Have The e llowing ecisions alifying	you ever been co you had a licens xaminee underst g activities: supe s, checking jobs ng individual, per NICET	e suspended of a cands that directions manafor proper worform one or r	misdemeano or revoked? E ect supervision aging constru orkmanship, o more of theso	r or felony? Yes Yes No If yes, on and control inc ction activities by or direct supervisi e duties? Yes NICET Level	Explain Explain cludes any one making tech on on job site	e or a combination of the nical and administrative es. Will you, as the Expires
Have Have The e ollowing ecisions ualifyin	you ever been conyou had a licens waminee understance activities: superstance individual, personal NICET	e suspended of a cands that directions manafor proper worform one or r	misdemeano or revoked? E ect supervision aging constru orkmanship, o more of theso	r or felony? Yes No If yes, on and control inc ction activities by or direct supervisi e duties? Yes NICET Level Issued	Explain Explain cludes any one making tech on on job site	e or a combination of the nical and administrative es. Will you, as the Expires 2020 Expires
Have Have The e Illowing ecisions alifying	you ever been conyou had a licens waminee understance activities: superstance individual, personal NICET	e suspended of a cands that directions manafor proper worform one or r	misdemeanon or revoked? Dect supervision aging construorkmanship, of more of these	r or felony? Yes No If yes, on and control inc ction activities by or direct supervisi e duties? Yes NICET Level Issued	Explain Explain cludes any one making tech on on job site	e or a combination of the nical and administrative es. Will you, as the Expires 2020 Expires
Have Have The e llowing ecisions palifying	you ever been conyou had a licens waminee understance activities: superstance individual, personal NICET	e suspended of a cands that directions manafor proper worform one or r	misdemeanon or revoked? Dect supervision aging construorkmanship, of more of these	r or felony? Yes No If yes, on and control inc ction activities by or direct supervisi e duties? Yes NICET Level Issued	Explain Explain cludes any one making tech on on job site	e or a combination of the nical and administrative es. Will you, as the Expires 2020 Expires
Have Have The e Illowing ecisions alifyin	you ever been conyou had a licens waminee understag activities: superstanding jobs and individual, personal properties. NICET P.E. #	e suspended of a cands that directions one or representations of the cands that directions one or reservising, manafor proper worform one or reservising.	misdemeanon or revoked? E ect supervision aging constru orkmanship, of more of these IV Position	r or felony? Yes No If yes, on and control inc ction activities by or direct supervisi e duties? Yes NICET Level Issued	Explain	e or a combination of the nical and administrative es. Will you, as the Expires Expires Expires Expires Expires
Have Have Have Have Have Have Have Have	you ever been conyou had a licens waminee understag activities: superstag individual, personal persona	e suspended of a sands that directions one or reform one o	misdemeanon or revoked? E ect supervision aging constru orkmanship, of more of these IV Position	r or felony? Yes No If yes, on and control inc ction activities by or direct supervisi e duties? Yes NICET Level Issued Issued	Explain	e or a combination of the nical and administrative es. Will you, as the Expires Expires Expires Expires From

authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee)	Duff	Stroumbos	S.E.T. /	Training	Director

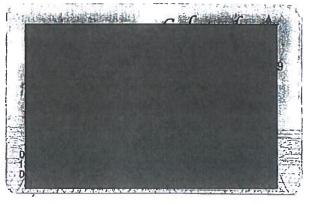
falls to the Same of the	lesponsible Managin	ng Employee (RME) Info	rmatio					
Legal Name: Stroumbos		Duff		J				
Last		First		M.I.				
Date of Birth: 04/07/1956		Social Security Number	er:	No.				
Address: 1374 Glencoe S								
	Address			Apartment/Unit #				
Denver		CO		80220				
City		State		ZIP Code				
Phone: 303-668-3870	Fax:		Email:	dstroumbos@weifieldgroup.com				
1. What is your area of exp	pertise in the industry:	Fire Alarm System	S					
	4	0 Years						
2. How long have you work	ed in the industry? _	10010						
3. What is your affiliation w	with the company? (O	wner, partner, employee,	etc.) e	mployee				
4. Have you ever been con								
•		·						
5. Have you had a license s	suspended or revoked	? ☐ Yes ② No If yes, Expla	ain					
(Responsible Managing Emp and warrant, that I am act responsibilities for said cor	6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted.							
设置的自然的		Certifications	R William					
NICET #								
		NICET Level		Expires				
	ĮIV		10/01/2	020				
99346 P.E. #	IV	Issued	10/01/2					
			10/01/2	020				
P.E. #		Issued	10/01/2	020 Expires				
P.E. #		Issued	10/01/2	020 Expires				
P.E. #		Issued	10/01/2	020 Expires				
P.E. # D.O.T. # Company	Position	Issued Issued Work History To	10/01/2	Expires Expires				
P.E. # D.O.T. #		Issued Issued Work History To Director Present	10/01/2	Expires Expires From				

CERTIFICATION (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RMF). Du	uff J Stroumbos	S.E.T.	/ Training	Directo
------------------------------	-----------------	--------	------------	---------

Signature of (RMF)

Date: 3/29/19





NATIONAL INSTITUTE FOR CERTIFICATION , IN ENGINEERING TECHNOLOGIES°

Duff J. Stroumbos

FIRE ALARM SYSTEMS/IV

CERT NO. 99346 VALID TIJRU 10/01/2620



Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org,

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies **Division of Professions and Occupations**

> **Electrical Board** Duff J. Stroumbos

Master Electrician

ME.0003717 Number Active

09/30/2020 **Credential Status Expire Date** Verify this credential at: www.colorado.gov/dora/dpo

Division Director Ronne Hines Credential Holder Signature

Colorado Department of Regulatory Agencies Division of Professions and Occupations

> **Electrical Board** Duff J. Stroumbos

Master Electrician

ME.0003717 Number

Innehe

10/01/2017 Issue Date 09/30/2020 Active **Credential Status**

Expire Date Verify this credential at: www.colorado.gov/dora/dpo

Division Director Ronne Hines Credential Holder Signature



10/01/2017

Issue Date



THIS IS TO CERTIFY THAT WEIFIELD GROUP CONTRACTING INC

IS A LICENSED (ID# 23320) ELECTRICAL CONTRACTOR

Examinee:

JAMES SELECKY

Expires:

11-Jan-2020



March 28, 2019

Pikes Peak Regional Building Department

Attn: Sabrina Erickson

RE: Fire Alarm Application

Dear Ms. Erickson,

As required by the application, this letter confirms that Duff Stroumbos is an exclusive, full-time employee of Weifield Group Contracting.

Please reach out to my assistant Kate Eaton (keaton@weifieldgroup.com) for any additional information needed.

Sincerely,

Pete Farreny

Chief Operations Officer, Weifield Group Contracting

WEIFIGRO

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

3/28/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer any rights to the certificate holder in field	or such endorsement(s).				
PRODUCER	CONTACT Client Manager				
USI Insurance Services, LLC	PHONE (A/C, No. Ext): 800 873-8500 FAX (A/C, No): 303-8	31-5295			
P.O. Box 7050	E-MAIL ADDRESS: den.confractors@usi.com				
Englewood, CO 80155	INSURER(S) AFFORDING COVERAGE	NAIC#			
800 873-8500	INSURER A : Zurich American insurance Company	16535			
INSURED	INSURER B : Travelers Property Casualty Co. of Amer	25674			
Weifield Group Contracting, Inc. 6950 S. Jordan Road	INSURER C:				
Centennial. CO 80112	INSURER D:				
Gentermai, GO 60112	INSURER E:				
	INSURER F:				
COVEDACEC CENTIFICATE ANDARED.	metalogat tillings				

CERTIFICATE NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR		TYPE OF INSURANCE	ADDL	SUBA WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
Α	Х	COMMERCIAL GENERAL LIABILITY	Х	Х	GLO90944202			EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						PREMISES (En occurence)	\$300,000
								MED EXP (Any one person)	\$10 , 000
	_							PERSONAL & ADV INJURY	\$1,000,000
	GE	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$2,000,000
	_	OTHER:							\$
Α	AUT	COMOBILE LIABILITY	X	X	BAP980944302	03/01/2019	03/01/2020	COMBINED SINGLE LIMIT (Ea accident)	s1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	Х	AUTOS ONLY X NON OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
В	X	UMBRELLA LIAB X OCCUR	Х	Х	ZUP51M7781A19NF	03/01/2019	03/01/2020	EACH OCCURRENCE	s10,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	s10,000,000
		DED X RETENTION \$10,000							s
A		RIKERS COMPENSATION EMPLOYERS' LIABILITY Y/N		Х	WC980944102	03/01/2019	03/01/2020	X PER OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE N	N/A					E.L. EACH ACCIDENT	s1,000,000
	(Mai	rdatory in NH)						E.L. DISEASE - EA EMPLOYEE	s1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below	ļ					E.L. DISEASE - POLICY LIMIT	\$1,000,000
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOHE) 101, Additional Remarks Schedule, may	be attached if m	ore space is requ	Ired)	

CERTIFICATE HOLDER	CANCELLATION
Pikes Peak Regional Building Department 2880 International Circle Colorado Springs, CO 80910	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	\$600

© 1988-2015 ACORD CORPORATION. All rights reserved.



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle Colorado Springs, Colorado 80910 Website: http://www.pprbd.org

Follow us on social media

Invoice

facebook.com/PPRegionalBuilding/

3/29/2019 10:26:49 AM

@PPRBD

(ROSE) Receipt #: 1586168

ppregionalbuilding

Contractor: WEIFIELD GROUP CONTRACTING (16073)

Transaction Summary

Account	Description		Reference	Amount
1301-40036	CONTRACTOR FEES	APPLICATION	App Fee	\$50.00
1301-40112	CONVENIENCE FEE	WESTERN UNION SPEEDPAY	(TELEPHONE) FEE	\$3.50

Total Due: \$53.50

Payment Summary

Account	Description	Reference	Amount
9801-55700	COLLECTION, VISA/Master-Card	688531	\$53.50

Total Tendered: \$53.50

Comment: APPLICATION FOR FAC-A

I agree to pay above total amount according to card issuer agreement.



Fax: 719-327-2626

Email: Licensing@pprbd.org

FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NA	AME: Digni	ty Fire Protection	on Co						
PRINCIPAL:	LICENSE HOLDER: Denry Shobe RECOMMEND:								
RME: Denry S									
		▲ AF	PPRO	VAL 🗆	DISAPPROVAL				
				DAT	E 4	1/26/19			
LICENSE APPL	YING FOR:								
FSC-A FSC-B FSC-C			FSC-D	FSC-D FSC-H FSC-M			FAC-A FAC-B		
FAI	FSI	FSI-L	FST-B FST-C FST-D			FHT			
	ON	NAME		NAME	DATE				
RECEIVED I	BY PPRBD					Rose	4-10-2019		
CRIMINAL I	BACKGRO	UND CHECK				Rose	4-10-2019		
SENT TO FII	RE					Rose	4-10-2019		
	D	EPARTMENT				NAME	, DATE		
CSFD					Chi	p Taylor	4/26/19		
				,					
			Record						
COMMENT	S: New								
PPRBD LICENSING		FIRE							
Phone: 719-327-2	887	Phone: 719-385	5-5982						

Fax: 719-385-7330

Email: Fireconstructionservices@springsgov.com

PIKES PEAK REGIONAL BUILDING DEPARMENT

Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

Date 4-10-19 Initial RS Receipt #1589290 RBD#

RBD USE ONLY

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

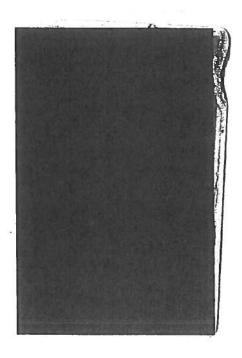
□ FAC-A

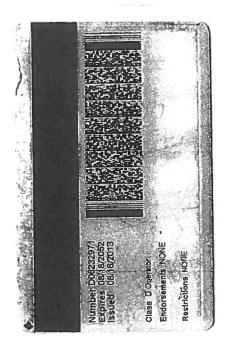
Business (n	Ornelion	
Type of Entity (Check one) ☐ Individual ☐ Partners	nip Corporation	ĭ LLC
Business Name: Dianity Fire Protection (The business name is the name that will appear on the license and is	the actual name under which	n the contracting business will operate.)
Federal Employer Identification Number: 83-2686	30/55	
Business Address: 5745 Industrial Pl		SUITE E Apartment/Unit #
Colorado Springs	Co	80916
_·-y	State	ZIP Code
Business Phone: (719) 433-7740	Business Email: der	my@dignityFire.com
Business Fax:	Business Website: _d	ignity fire com
Company's Principal Officers, Partners, or Owners		3
Name: Denry Shobe		Title: Membor
Name: Chassee Shobe		Title: Membor
1. Number of years company has operated as a contract	tor? (If new, write "ne	w") New
2. Type of work performed? (Check one or both, if apple	licable) 🗆 Re	esidential 🕱 Commercial
3. Has the company ever been named in or responsible and/or claims against them in which the company was	for any entered and uthe contractor? □ Ye	nsatisfied judgments, liens, es 國 No If yes, Explain
4. Has the company been a defendant in a collection ac	ction court case? Ye	s 🗷 No If yes, Explain
5. Has the company ever declared bankruptcy? Yes	INo If yes, Explain	
6. Has the company ever had a license suspended or re	voked? □ Yes ᠍ No If y	yes, Explain
7. Has the company ever defaulted on a contract? \square Y	es 🖼 No If yes, Explair	
Licenses held b	y the Company	
Jurisdiction - License type and number		icense type and number
Colorado - Business License 201819400810		

शिव्या मिलक्य (धिवा कृति	ees in which this company worked as the contractor).
See attache 1. Project Street Address:	d Project History
Type of work (check one) ☐ Resident	
Cost: Date:	Your position:
Describe Job in detail:	
2. Project Street Address:	
Type of work (check one) ☐ Resident	
Cost: Date:	Your position:
Describe Job in detail:	
3. Project Street Address:	
Type of work (check one) ☐ Resident	
Cost: Date:	Your position:
4. Project Street Address:	
Type of work (check one) ☐ Residenti	al 🗆 Commercial
Cost: Date:	Your position:
Describe Job in detail:	
5. Project Street Address:	
Type of work (check one) ☐ Residenti	al DCommercial
Cost: Date:	Your position:
Describe Job in detail:	
behalf of the company, partnership or corp contractor's license named herein has the application; and further, the company does city of Colorado Springs, El Paso County, ar any work which may be performed by our a made.	is to be signed by the principal officer of the company) The undersigned, on coration, does hereby declare and warrant that the "examinee" for a express authority to bind the company, partnership, or corporation by this shereby agree to abide by the ordinances and regulations promulgated by the did those adopted by the municipal entities within El Paso County in regard to company pursuant to the contractor license for which this application is
Print name and title (owner, principal	or manager) Denry Sholoe, Owner Date: 4-7-2019
Signature: 530	Date: 4-7-2019

Re	sponsible Managing Em	ployee (RME) Infor	mation				
Legal Name: Shobe		Denry	<i>W</i> .				
Date of Birth: 8 18	1987 so	cial Security Number					
Address: <u>6225</u> E	. Platte Ave						
Street A			Apartment/Unit #				
City	Springs	State	30915 ZIP Code				
Phone: 801 668 7	365 Fax:	E	mail: denryshobe@gmail.com				
1. What is your area of expe	rtise in the industry?	ire Alarm S	ervice and Installation				
2. How long have you worke	d in the industry?	<i>Jears</i>					
3. What is your affiliation w	ith the company? (Owner,	partner, employee, e	tc.) Owner				
4. Have you ever been convi	cted of a misdemeanor or	felony? 🛘 Yes 🗹 No I	f yes, Explain				
5. Have you had a license su	spended or revoked? 🗆 Ye	s 🗷 No If yes, Explair	1				
6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted.							
	Certific	cations					
NICET #	NI	CET Level	Expires				
147509 P.E.#	Fire F	Harm SystemII	(p) 1 2021				
Ι.Ε. π		Issued	Expires				
D.O.T. #		Issued	Expires				
A CONTRACTOR OF THE STATE OF TH		History					
Company	Position	To	From				
JK Alarms	Project Manager	April 201	9 April 2008				
may deny me a license after application is untrue, license	sons seeking a license to ur al Building Department to p application. I agree and u reviewing my Criminal Bac e granted to me is automat	ndergo a Criminal Bac perform a Criminal Ba nderstand Pikes Peak ckground Check. If an ically revoked.	kground Check. I hereby				
Print name & title (RME):	Denny Shope,	Owner					
Signature of (RME):			Date: 4-2-2019				

Real short areas in the same	Lice	ensee Information.		
Legal Name:	shobe	Denry	ω).	
Last		First	M.I.	
Date of Birth: 818		Social Security Nu	umber:	
Address: 4225 E	. Platte Ave	2		
Street /	Address		Apartment/Unit #	
Colorado	Springs	Co	80915	
City	· ·	State	ZIP Code	
Phone: 801-668-7	1365 Fax:		Email: denryshobe@gmai	.con
			Service and Installation	
2. How long have you worke	ed in the industry?	llyears		
3. What is your affiliation w	rith the company? (Ov	vner, partner, employ	yee, etc.) <u>Ownl</u> r	
4. Have you ever been conv	icted of a misdemear	nor or felony? 🗆 Yes 🛭	No If yes, Explain	_
5. Have you had a license su	uspended or revoked?	☐ Yes ☒ No If yes, E	xplain	
following activities: supervi	sing, managing constr proper workmanship	ruction activities by m , or direct supervision	ndes any one or a combination of the naking technical and administrative on job sites. Will you, as the	
		Certifications		72
NICET #		NICET Level	Expires	
1475Ø9 P.E. #	Fire	2 Alarm System: Issued		
Τ.Ε. π		issued	Expires	\neg
D.O.T. #		Issued	Expires	
		Vork History		
Company	Position	То		\neg
JK Alarms	Project Manag	ger April 2	019 April 2008	-
authorize Pikes Peak Region information provided on this	sons seeking a license al Building Departme application. I agree reviewing my Crimin	e to undergo a Crimina nt to perform a Crimin and understand Pikes nal Background Check.	nsee) Pikes Peak Regional Building al Background Check. I hereby nal Background Check utilizing Peak Regional Building Department If any information provided on this	
Print name & title (Licensee	e granted to me is au	,	<u></u>	_
Print name & title (Licensee Signature of (Licensee):	e granted to me is au): Denry S	,	Date: 4-7-207	- 9 -





Date of this notice: 11-30-2018

Employer Identification Number:

83-2688955

Form: SS-4

Number of this notice: CP 575 B

DIGNITY FIRE PROTECTION CO LLC DENRY SHOBE MBR 1670 E CHEYENNE MTN BLVD STE F139 COLORADO SPGS, CO 80906

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-2688955. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

03/15/2019

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is DIGN. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records. CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

9999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 11-30-2018 EMPLOYER IDENTIFICATION NUMBER: 83-2688955

FORM: SS-4

NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Maddaladadadhadhaadhddal

DIGNITY FIRE PROTECTION CO LLC DENRY SHOBE MBR 1670 E CHEYENNE MTN BLVD STE F139 COLORADO SPGS, CO 80906

DENRY SHOBE



DENRYSHOBE@GMAIL.COM



801-668-7365

OBJECTIVE

I'm looking for a team that can allow me the opportunity to grow my career in life safety. Looking forward to working with others in the industry that can help me further hone in my skills, while improving my education and finding new challenges to grow my experience.

SKILLS

Fire Alarm Panel Programming Silent Knight, FireLite, Ademco Vista Series, Bosch, Gamewell,

Fire Alarm Installation

Able to determine best layout and necessity of devices. In-depth understanding of wiring and installation of fire alarm devices, including of complex relay & signaling wiring (such as elevator recall & evac systems.

Fire Alarm Testing & Maintenance
Perform both initial installation and
annual fire alarm test and inspections.

EXPERIENCE

FIRE ALARM LEAD TECHNICIAN - JK ALARMS

April 2008 - April 2019

I work with the team of technicians in the Installation and maintenance of new fire alarm systems and monitored accounts. I work directly with the owner in daily scheduling and overall growth of the company. After only a few short years of being a lead technician our company has doubled in size not only with opportunity, but with employees too. Due to my experience and understanding of fire alarm systems I accomplish complex tasks and programming, provide help to fellow technicians & I am responsible for all new hire training. As well as I perform service calls & annual fire alarm inspections on a daily basis.

ASSEMBLY/QUALITY CONTROL MANAGER - OUT OF THE WOODS CABINETS

October 2006 - April 2008

Thanks to my quick learning skills and pride in my work I quickly became assembly manager overseeing 5 people in the assembly of cabinets. Performed quality control inspections as well as set up & scheduled deliveries. Worked with other managers in the manufacturing process to maintain a product standard and stay on schedule.

EDUCATION

NICET FIRE ALARM SYSTEMS LEVEL I

Received March 15th, 2018

NICET FIRE ALARM SYSTEMS LEVEL II

Received March 27th, 2019

CSA - Fire Protection Contractor

FA2

Received in February 2018

Riverton High School

Graduated 6 months early in 2005

Took elective classes that focused on engineering and plan development.

Quick Learner – Efficient Worker – Effective Team Player – Leadership Skills

Take Pride In Accomplishing a Job Well Done



Dignity Fire Protection CO. LLC and its ownership, Denry Shobe and Chassee Shobe, here by acknowledge the full exclusive employment of Denry Shobe.

As an Employee and owner of Dignity Fire Protection Co. LLC, Denry Shobe is to be named the Responsible Managing Employee (RME). By Singing as the RME for Dignity Fire Protection Co. LLC,

Denry Shobe agrees to be employed solely by Dignity Fire Protection Co. LLC and not at any time or capacity for any other organization or company.

Signed and Dated by all acting Owners, managers, principals and RME of the LLC that make up Dignity Fire Protection Co. LLC

Denry Shobe

Owner & Named RME

4/3/2019

Chassee Shobe

Owner

4/3/2019

North Carolina Office: Fax 336-594-8880 Florida Office: Fax 727-572-7909 New York Office: Fax 516-741-2879 Texas Office: Fax 336-584-6880 California Office: Fax 714-542-0815



Post Office Box 286 • Burlington, NC 27216-0286 1-800-334-5579 • GOTAPCO.com

GENERAL LIABILITY APPLICATION

ACCT ID: PFPGW

Insured Name (as it should appear on the policy): Dona Shopo	
(Please include any Doing Business As, Troding As, Core of, Trustee, Executor, of	Estate of names.)
Mailing Address: 1670 E Margane Mountain Mud (Ciondo Drings 10 8090 1
Location of Risk: 5745 todostrial Now Vot E	blooks, Dross 10 40916
Type of Risk/Occupancy: Maintains Fire extinationer	Sewice for Somblers
Proposed Effective Date: From 01-05-19 To 01-09-19	Years in Business:
Applicant is: Individual Corporation Partnership Joint Venture Other	(Specify) LLC
LIMITS OF LIABILITY REQUESTED	
General Aggregate \$	2,000,000
Products & Completed Operations Aggregate \$	1.000.000
Personal & Advertising Injury 5	1,000,000
Each Occurrence \$	1,000,000
Damage to Premises Rented to You \$	100.000
Medical Expense (any one person) \$	5,000
Other Coverages, Restrictions, and/or Endorsements \$	Ø
Deductible \$	Ø
Additional Insured (include Name/Address): T (VAUSAL) LCA Ploce, LCC S	iso longdale way Ch co 4.F
Interest of Additional Insured: 1 and los d	3
Describe all business operations conducted by applicant: Maintains to Locations, age and construction of all premises owned, rented or controlled by applicant (
Interest of applicant in such premises: Owner General Lessee Tenant Part occupied by the applicant: Entire Portion None Does applicant have a parking lot? Yes No If yes, state area	& Dolding
If applicant charges for the use of the parking lot, indicate gross receipts from this operati	
Indicate type of surface. Gravel Black top Concrete	
is the lot lighted? X Yes No	
Does risk store LPG, flaminable liquids, ammunition, or explosives on the premises?	Yes TVINO
If yes, type and quantity stored	- 4
Does risk lend, lease, or runt any equipment to others? Yes No If yes, state the the gross receipts derived therefrom:	type of equipment involved and
Does the applicant subcontract work? Yes XNo If yes, state type	
Are Certificates of Insurance required from all subcontractors? Yes No	
Ouring the past three years has any company ever cancelled, declined or refused to issue s	imilar Insurance to the applicant?

		SCHEDULE	OF HAZARDS		
0.	Classification	Class Code	Premium B (s) Gross Sales (p (a) Avea (c) Total Cor	asis: Payrol a (I) Other	Terr.
+-					
1					
wious Ins	surer: Indicate premium and lo	ssas for the neet three w	east. Describe all leases if		ata bala
Year	Company			Losses Reserved	Description
any rene plicant's plicant's Agency	rill constitute reason for the Com the action taken. I also agree tha wal or rewrite thereof. I understa Rame (Please Print) Signature Northeast Agencies, I	nd that coverage is not in f	ant to this application, the ap orce until bound with a Comp	plication shall become p pany Underwriter at TAPC(art of the policy O Underwriters, I
	Address 6467 Main Stre				
Agent's.	Signature	13	Agent's License N	umber	
Agent's	Email Address		Agent's Fax #	16) 954-2255	
omplete, cr	FLORIDA FRAUD STAT (I/Ib) "Any person who knowingly an suter files a statement of claim or an a misleading information is guilty of a f	d with intent to injure, defraud, ipplication containing any false clony of the third degree."	tion to an insurance comp	VIRGINIA FRAUD STA provide false, incomplete or m any for the purpose of defrau ment, fines and denial of ins	nisleading informa- iding the company
omplete, or	Sures files a statement of all-	d with intent to injere, defraud, application containing any false elony of the third degree." Overage listed herein, the produ	tion to an insurance comp Penalties include imprisor	official lake, incomplete or a any for the purpose of defrau ment, fines and denial of ins.	nisleading information of the company urance benefits.
omplete, or	rigo. Any person who knowingly an surer files a statement of claim or an a misleading information is guilty of a f ing quotes and/or placement for the or	d with intent to injere, defraud, application containing any false elony of the third degree." Overage listed herein, the produ	tion to an insurance comp Penalties include imprisor	ironne laise, incompleie er in any fer the purpose of defau iment, fines and decial of ins- s that he/she has performed allowed by governing statute- oher's own experience, opinio	nisleading informa- iding the company urance benefits. any and all didigent s, "diligent effort" n and overall
omplete, cr	rigo. Any person who knowingly an surer files a statement of claim or an a misleading information is guilty of a f ing quotes and/or placement for the or	d with intent to injere, defraud, application containing any false elony of the third degree." Overage listed herein, the produ	ion to an insurance comp Penalties include imprisor vinig retail troker hereby confirm ther means of placement. Where based on the retail producing bro	ritorine laise, incomplete or in any for the purpose of defautement, fines and devial of in- stantial properties of the state of the state of the state of the state of the state of the state of the state of the policy own experience, opinion	nisleading informa- iding the company urance benefits. any and all didigent s, "diligent effort" n and overall
omplete, cr	rigo. Any person who knowingly an surer files a statement of claim or an a misleading information is guilty of a f ing quotes and/or placement for the or	d with intent to injere, defraud, application containing any false elony of the third degree." Overage listed herein, the produ	tion to an insurance comp Penalties include imprisor using retail broker hereby confirm ther means of placement. Where based on the retail producing bro	itomine laise, incomplete or in any for the purpose of deficial any for the purpose of deficial ment, fines and devial of institute, that he/she has performed allowed by governing statute-older's own experience, opinion	risteading informa- ding the company urance benefits. any and all digent s, "diligent effort" n and overall
omplete, cr	rigo. Any person who knowingly an surer files a statement of claim or an a misleading information is guilty of a f ing quotes and/or placement for the or	d with intent to injere, defraud, application containing any false elony of the third degree." Overage listed herein, the produ	ion to an insurance comp Penalties include imprisor virig retail troker hereby confirm ther means of placement. Where based on the retail producing bro	ritorine laise, incomplete or in any for the purpose of defautement, fines and devial of in- stantial properties of the state of the state of the state of the state of the state of the state of the state of the policy own experience, opinion	risteading information of the company urance benefits. any and all digera and all digera s, "diligent effort" in and overall
omplete, or	rigo. Any person who knowingly an surer files a statement of claim or an a misleading information is guilty of a f ing quotes and/or placement for the or	d with intent to injere, defraud, application containing any false elony of the third degree." Overage listed herein, the produ	tion to an insurance comp Penalties include imprisor using retail broker hereby confirm ther means of placement. Where based on the retail producing bro	itomine laise, incomplete or in any for the purpose of deficial any for the purpose of deficial ment, fines and devial of institute, that he/she has performed allowed by governing statute-older's own experience, opinion	risteading informa- ding the company urance benefits. any and all digent s, "diligent effort" n and overall
omplete, or	rigo. Any person who knowingly an surer files a statement of claim or an a misleading information is guilty of a f ing quotes and/or placement for the or	d with intent to injere, defraud, application containing any false elony of the third degree." Overage listed herein, the produ	ion to an insurance comp Penalties include imprisor virig retail troker hereby confirm ther means of placement. Where based on the retail producing bro	itomine laise, incomplete or in any for the purpose of deficial any for the purpose of deficial ment, fines and devial of institute, that he/she has performed allowed by governing statute-older's own experience, opinion	risteading information of the company urance benefits. any and all digera and all digera s, "diligent effort" in and overall
omplete, cr	rigo. Any person who knowingly an surer files a statement of claim or an a misleading information is guilty of a f ing quotes and/or placement for the or	d with intent to injere, defraud, application containing any false elony of the third degree." Overage listed herein, the produ	tion to an insurance comp Penalties include imprisor ving retail broker hereby confirm ther means of placement. Where based on the retail producing bro	itomine laise, incomplete or in any for the purpose of deficial any for the purpose of deficial ment, fines and devial of institute, that he/she has performed allowed by governing statute-older's own experience, opinion	risteading informa- ding the company urance benefits. any and all digent s, "diligent effort" n and overall
omplete, cr	rigo. Any person who knowingly an surer files a statement of claim or an a misleading information is guilty of a f ing quotes and/or placement for the or	d with intent to injere, defraud, application containing any false elony of the third degree." Overage listed herein, the produ	tion to an insurance comp Penalties include imprisor ving retail broker hereby confirm ther means of placement. Where based on the retail producing bro	itomine laise, incomplete or in any for the purpose of deficial any for the purpose of deficial ment, fines and devial of institute, that he/she has performed allowed by governing statute-older's own experience, opinion	risteading information of the company urance benefits. any and all digera and all digera s, "diligent effort" in and overall
omplete, cr	rigo. Any person who knowingly an surer files a statement of claim or an a misleading information is guilty of a f ing quotes and/or placement for the or	d with intent to injere, defraud, application containing any false elony of the third degree." Overage listed herein, the produ	tion to an insurance comp Penalties include imprisor ving retail broker hereby confirm ther means of placement. Where based on the retail producing bro	itomine laise, incomplete or in any for the purpose of deficial any for the purpose of deficial ment, fines and devial of institute, that he/she has performed allowed by governing statute-older's own experience, opinion	risteading information of the company urance benefits. any and all digera and all digera s, "diligent effort" in and overall
omplete, or	rigo. Any person who knowingly an surer files a statement of claim or an a misleading information is guilty of a f ing quotes and/or placement for the or	d with intent to injere, defraud, application containing any false elony of the third degree." Overage listed herein, the produ	tion to an insurance comp Penalties include imprisor ving retail broker hereby confirm ther means of placement. Where based on the retail producing bro	itomine laise, incomplete or in any for the purpose of deficial any for the purpose of deficial ment, fines and devial of institute, that he/she has performed allowed by governing statute-older's own experience, opinion	risteading informa- ding the company urance benefits. any and all digent s, "diligent effort" n and overall
omplete, or	rigo. Any person who knowingly an surer files a statement of claim or an a misleading information is guilty of a f ing quotes and/or placement for the or	d with intent to injere, defraud, application containing any false elony of the third degree." Overage listed herein, the produ	tion to an insurance comp Penalties include imprisor ving retail broker hereby confirm ther means of placement. Where based on the retail producing bro	itomine laise, incomplete or in any for the purpose of deficial any for the purpose of deficial ment, fines and devial of institute, that he/she has performed allowed by governing statute-older's own experience, opinion	risteading informa- ding the company urance benefits. any and all digent s, "diligent effort" n and overall
omplete, or	rigo. Any person who knowingly an surer files a statement of claim or an a misleading information is guilty of a f ing quotes and/or placement for the or	d with intent to injere, defraud, application containing any false elony of the third degree." Overage listed herein, the produ	tion to an insurance comp Penalties include imprisor ving retail broker hereby confirm ther means of placement. Where based on the retail producing bro	itomine laise, incomplete or in any for the purpose of deficial any for the purpose of deficial ment, fines and devial of institute, that he/she has performed allowed by governing statute-older's own experience, opinion	risteading informa- ding the company urance benefits. any and all digent s, "diligent effort" n and overall
omplete, or	rigo. Any person who knowingly an surer files a statement of claim or an a misleading information is guilty of a f ing quotes and/or placement for the or	d with intent to injere, defraud, application containing any false elony of the third degree." Overage listed herein, the produ	tion to an insurance comp Penalties include imprisor ving retail broker hereby confirm ther means of placement. Where based on the retail producing bro	itomine laise, incomplete or in any for the purpose of deficial any for the purpose of deficial ment, fines and devial of institute, that he/she has performed allowed by governing statute-older's own experience, opinion	nisleading information did not be company urance benefits. any and all didgent s, "diligent effort" on and overall
omplete, or	rigo. Any person who knowingly an surer files a statement of claim or an a misleading information is guilty of a f ing quotes and/or placement for the or	d with intent to injere, defraud, application containing any false elony of the third degree." Overage listed herein, the produ	tion to an insurance comp Penalties include imprisor ving retail broker hereby confirm ther means of placement. Where based on the retail producing bro	itomine laise, incomplete or in any for the purpose of deficial any for the purpose of deficial ment, fines and devial of institute, that he/she has performed allowed by governing statute-older's own experience, opinion	nisleading information did not be company urance benefits. any and all didgent s, "diligent effort" on and overall



Post Office Box 286 * Burlington, NC 27216-0286

1-800-334-5579 / Fax 336-584-8880

www.GoTapco.com

Please be advised: This request form does <u>not</u> automatically bind coverage for the additional insured. This request is subject to underwriting approval and no coverage exists until physically endorsed on to the policy

ADDITIONAL INSURED QUESTIONNAIRE

Applicant name: Dency Snobe					
Policy Number: PFPGW					
A. General Information - To be completed for all requests					
1. Name and address of Additional Insured:					
Industrial Place, LLC					
1670 E Meyenne Mountain Plat 1/5,00 90906					
2. What is the relationship of additional insured to the named insured?					
Landlord					
3. Description of any equipment and its use:					
B. Contracting Risks					
4. Complete description of the work being performed: Tace Fire extrapedies,					
Maintain Fire extinguishers and does					
Server for sportflor systems					
5. Location of the job: Address: 57 LIS Inclustrial Way Unit E					
city: blando Drives state: CO					
6. Is the work new construction? Yes A No 17. Service/repair work? Yes No 1					
8. This work is: Residential: Commercial: Industrial:					



COLONY SPECIALTY INSURANCE ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION



Insured: Down S	nobe	Date 01-08-19
Owner/Partner 16,000 - (TX - 20,000) s Employee Payroll: Uninsured Subcontractor Payroll: Total Payroll:	Risk is a (General Co Subcontrac	
Subcontractor Cost Total Receipts		ork Performed
General Information Ucense # & Type held Years in Business: Years of Experience: Ground Up Construction	Repair/Sen Structural v Remodelin Other Maximum I May Roofim K	vice Work %
% Residential % (new reside %Commercial %Industrial	ntial Yes No) (Pro	hibit Commercial Roofing)
Type of work done by you and you	ır employees:	
Has the Insid ever been involved in an Tract or Condo developments, apts or Have you ever been involved og are yo Arry LPG work? Yes No. What precautions does the Insured varnish, lacquers, or glue white ref	out operators? Yes No S No Street Cleaning Yes No y construction of new residential propertie Town Homes in the past 10 years or will be univolved in construction of residential re —% of total Any Floo d take to properly ventilate the premis finishing or working on floors or finishi	s I e. Custom homes, ney do so in the future?
List the last 3 jobs including the co Location	ost of those jobs. Type of Job	Job Receipts
Describe any losses: N/A		
	SUBCONTRACTED WO	RK
What work are the subcontractor	rs hired to do?	Q ₄
Minimum Limits Required \$	ined prior to subcontractors starting v	
 Are you named as an additional if Do subcontractors carry Worker's 	Insured on the subcontractor's policy? s Compensation	☐ Yes ☐ No ☐ Yes ☐ No
I hereby certify to	hat all information is accurate	to the best of my knowledge.
Applicant Signature:	785-1	_ Date: 01-08-2019
Producer:	no Charles	Date: <u>01-096-2019</u>
Contractors PDQ	Page 1 of 1	12/15/2010

PRIME RATE PREMIUM FINANCE CORPORATION, INC. www.primeratepfe.com Phone: (800) 777-7458

2141 Enterprise Dr. P.O. Box 100507 Florence, South Carolina 29502-0507 CO Liceuse No.

Innered Name:

Agent/Dacker Producer

PREMIUM FINANCE AGREEMENT ACCOUNT NO. CO-347IH62

Dignity Fire and Protection, LLC

1670 E Cheyanne Min Blvd Colorado Springs, CO \$0905 SAUNDERS, DONNY 12039

425 N Circle Dr

Colorado Springs, CO 80909 (719) 635-5053

Pokey Eff Date	Tem	Policy Number	Name of Insurance Company and Name and Address of General Or Policy Issuing April	,	1	Type of Coverage	Total Promjen
01/08/2019	12	PFPGW	20215-Colony RTEX \$27.42 Feet \$120.00	1	7	55 COMM LIAB	\$794.0 \$147.4
Creditor: P	rime II	ate Premium Finance Ce	urparation line	edoral Tru	1	in Lending Disclosure	

			RTex 52	27,42 Feet \$120,00				\$147,42
Creditor: Prime	Rate Premiue	n Finance	Corporation, In	ac.	Feder	al Truth in Lends	ng Disclosur	753
(A) Total Premiums	(B) Cash Down Payment \$327.00	(The amount of credit (The de		(D) FINANCE CHARGE (The dollar amount the credit will cost you)	(E) Total of Payments (The amount you will have pald after you have made all payments as scheduled) \$725.36		(F) ANNUAL PERCENTAGE RATE (The cost of your credit as a yearly rate) 46.12 %	
Your PAYMENT			314.42	Includes a non-refundable service charge of \$25.00	5/2	You have the right to	receive an flor	
No. of Payments	Amount of	Payments	When Payment	s Are Due	Assount Financed I want an Berneration			
Security: You are g	\$90 tring a security to	tored to Mr) A	of 10 betracks Fe la	02/08/2019 turn pronuen(s) and dividends which m	ay bicorie due unde	I do not w:	purchased	
will be charged 5% of Cancellation Chromers a connected Propagation; if y part of the finance of See Abane and propagation archards as	The payment, sub- differ Yes wi- risk ou voluntarily pa- drange on the less pay only possibles.	gent to a \$10 () If the charge repay on full the of this de	Omeunics, for any d \$1500 if Prise prior to the last rement for any	united more than 10 days after the re- payment received more than 10 days at Rate casedon key insurance policy installment case date you will not be additional information about non-pay	ler the due date. In accordance will e diffraged a prepayment default, any	th the terms of the yourse fee and you repryment in full	is Agreement may be extitle thefore the so	if the Agreement ed to a inflict of fredited date, and
(1) Promises to per finalesses as well as (2) Innocably appealmentable with the terretable document	mives, or produce to the order of may other sures di sints FR as Am provisions herein its, forms and pr	r, the ABOVE of PR at the ne purmant to oracy in Fact n, to receive oucces relating	NAMED inscret (* s above address; this Agreement with full authorit all turns assigned to the policies of	 FREMIUM FINANCE CORPORA flusured? (jointly and severally if novel the Total of Payments in actual and by to affect cancellation of the poli- tic PR or in which it has graved if no PR or in which it has graved if no PR or in which it has graved if no PR or in which it has graved if the property of the property of the accessory and parises. 	than one). In with the Paymer case coveral hereby PR is security inter-	at Schwilde act for y or any tubitionic ent. PR may com	h in the above, se, reverite or	ve Trah-in-Lendrig penewal thereof in or on helpff of the
(I) Actouvelages of PR's Privacy Statement THE I OTICE: A. Ress (cep your copy	ut it hat receive it <u>NSURED AG</u> d all pages of of this Agre	REFSTO of this Age	THE PROVISITE THE PROVISITE THE PROVISITE OF THE PROVISION OF THE PROVISIO	o Agrounced and iff the hymorer is ONS ABOVE AND ON THE I you sign. B. You are enti- legal rights. D. Under the strange of the finance charge	FOLLOWING I	PAGE(S) OF TH	IS AGREE	MENT

8 01-08-2019

SIGNATURE OF INSURED OR AUTHORIZED REPRESENTATIVE JOUN SUOPE TITLE. INSURED'S NAME SIGNATURE OF INSTREED OR AUTHORIZED REPRESENTATIVE TITLE AGENT/BROKER/PRODUCER'S CERTIFICATION

AGENTIBROKERPRODUCER'S CERTIFICATION

The Agentilisher Producer warrants and agreer 1. The insurance publicit litted on this Agentiment are in free and the information and the presentant are correct.

The lastered his received a copy of this Agentinest, has authorized this transaction and recognitive his necessary inserts antipod herein.

3. All of PR's gasheless and elegability requirements have been compliced with 4. A proceeding in healthystey, received hip or insolvancy has not been instituted by or against the named Insured.

5. No addit or reporting flow policies or policies subject to intenspective range or initiation control programms are not less substanct. The deposit or provisional pressumes are not. Less than antiripated promisers to be careed for the full town of the policies.

6. All of the policies are cancertable by the featered and measured pressume are not. Less than antiripated promisers to be fast lettered for the first of the substance of the first of the full town of the policies are cancertable by the featered and measured pressume and or ordined to the insured through to be the description of the policies are cancertable by the featered and measured pressume and or ordined to the insured through to be the description of the policies are cancertable by the featered and through to be the description of the policies are cancertable by the featered and through to the decreased to extend the policies are cancertable by the featered and through to the treatment of the first of the policies.

The promiser of PR any payment and the promises are fast preserved as a contract of the policies.

The promiser of PR and the profit of the policies of the first of the great of the first of the great of the first of the great of the policies.

THE UNDERSIGNED FURTHER WARRANTS THAT IS HAS RECEIVED THE DOWN PAYMENT AND ANY OTHER SUMS DUE AS REQUIRED BY THE AGREEMENT AND BY OF THEY ARE ATTACHED TO THIS AGREEMENT AND ANY OTHER AGREEMENT AND AGREE

REMAINING PROVISIONS OF PREMIUM FINANCE AGREEMENT

- (4) Assigns to PR as socurity for the total amount psychic hereunder any and all uncomed or return premiums and dividence which may become psychic under for instruction policies converted by this Agreement and loss payments under said policies which reduce the ansurand premuent (subject to any loss payer or mortgages framests), and hereby authorizes and instructs its inserted) to pay such funds or proceeds to PR. The Insured gives to PR a security interest in all terms mentioned in this paragraph. The Insured further grants to PR its interest which may arise under any state incursors guarantee fund relating to any
- policy shown on the front of thus Agreement

 (5) Agrees in the event of a default in payment of any installment, PR may cancel the policies covered hereby after giving the notice required as presembed by law In case of cancellation, the unpaid behance due to PR shall be insteadistely payable by the Insured. The Insured understands PR may collect and enforce repayment of the indebtedness evidenced bereby without recourse to any security underlying this Agreement. If essentiation occurs, the Insured agrees to pay a finance charge on the balance due at the contract rate of interest until that balance is paid in full or until such other date as permitted by law.
- (6) Agrees that any payments stade to PR after Notice of Cancellation has been mailed to the instruct will be credited to the lastiver's account and shall not (o) Appear that any payments make to Fig. size request to entertained make seen maintain to the structure will be translated to the Insured's constitute reinstandment to obligate PR to troptest reinstandement of any insurance policy yours received from an insurer shall be credited to the Insured's indebtedness to PR, and any surplus shall be paid to whomever it is artitled. If the refund is less than \$1,00, no refund will be made. In case of a deficiency, the insured shall remain liable and pay the same with interest as set forth above. The Insured will not be required to pay an amount due under this Agreement
- (7) May voluntarily prepay the full amount due and tooler certain conditions be entitled to receive a partial refund of the FINANCE CHARGE ecosposed in conduces with the method prescribed by law, after deducting any fully earned charge permitted by law
- (3) Understands that the FINANCE CHARGE begins to accrue as of the earliest Policy Effective Date, unless otherwise specified
- (2) Authorizes PR to correct or remedy any error or amission in the completion of this Agreement, the Innured will be neitified at the address shown hereon of any change in Blocks (A) thru (F), or in the Federal Trush-In-Lending Disciousres or in the itemporation of the Amount Financed Disciousres
- (16) Warnott that each of the policies everal herandor (or a binder thereof), except for policies written through residual markets, has been issued to the financial of the policies coveral herandor (or a binder thereof), except for policies written through residual markets, has been issued to the financial, is in full force and effect and that no other power of attention or other encumbrance or essignment is in effect nor will tame to put into effect, except for the interest of mortgagees or lass payers, and agrees that all rights conferred upon PR shall insert to PR's successors or assigns.
- (11) Agrees that, in the event the total premiums are greater than that shown between or if the Insured requests additional premiums be added or additional premiums financed, this Agreement may be smended to reflect the actual premiums and the Insured will either (i) pay the difference in premium due or (ii) pay any required additional down payment and any additional finance charge permitted by law in such event PR wall forward the Insured a revision retired showing all information required by law
- (12) Agrees that (i) PR assumes no liability as an insurer, (ii) this Agreement shall not be effective until a written acceptance is mailed by PR, (iii) singular words used herein shall be deemed plural and vice versa as the sense of the Agreement demands, (iv) if any enert of competent jurisdiction finds any part or provision of this Agreement to be invalid or unenforceable, such findings shall not affect any other part or provision.

 (11) Agrees that if this transaction is for other than personal, family or household purposes or more than the amount set by federal law rone of the provisions of the factor of the provision of t
- of the Federal Fruth-In-Lending Act or the regulations promoting the thereunder shall apply.

 (14) Agrees that should a check be returned for insufficient or uncollected funds, PR may re-present the check electronically and collect a service fee
- electronically equal to the maximum fee allowed by law.
- (15) Agrees that if payment is made by check, PR may use the check safely as a source document and as the basis for an electronic transaction. Receipt of the check will be deemed to be authorization for an ACH debit to the Instance's account
- (16) Agrees that any refunds may be applied against any prior debts awed PR.
- (17) Agrees that the insurance agent or broker semed in this Agreement is the Insured's agent, not PR's, and PR is not legally bound by anything the agent or broker represents to the Insured orally or in writing
- (18) Agrees that the smoot paid by PR is only for the premium as determined at the time the insurance policy is issued. PR's payment shall not be applied by the insurance company to pay for any additional premiums need by the insurance company to pay for any additional premiums need by the insurance company to pay for any additional premiums need by the insurance company to pay for any additional premiums need by the insurance as a result of any type of misclessification of the risk. The lessured agrees to pay the company any additional premiums which become due for any reason. PR may assign to the company any rights it has against the Insured for
- per late the company of solutions presented senter occords one for any record of many assign to the company only region in the periodical settle company of excess of the president sentence to PR.

 (19) Agrees that a \$5.00 Administration Fee will be applied to any refund check that falls under the Abandoned Property Procedures if permitted by law
- (20) Agrees to pay remonable attorneys fees and/or collection agency fees and all other costs of collection if this contract is referred for collection to arry ollection agency and/or attorney not a salaried employee of PR if permitted by law.
- (21) Understands this Agreement is not required as a condition of the Insured obtaining insurance coverage
- (21) Universation this Agreement is not required as a condition of the insured obtaining insulance coverage.

 (22) Wrives and releases PR from any claims, Inwants and causes of action which may be related to any prior loans and/or to any act or failure to act prior to the time this Agreement becomes a binding contact, pursuant to paragraph [21]. PRS flabbility for breach of any of the terms of this Agreement or the woogful exercise of any of its powers shall be limited to the amount of principal balance outstanding, except in the evert of gross negligence or willful suscendent. The level of the State of Colorado will govern this Agreement and any claims against PR shall be litigated exclusively in the state or federal courts of South Carolina, for Florence County
- (23) Represents that the Insured is not insolvent or presently the subject of any insolvency proceeding
- (24) Agrees to pay to the insurance company the certain prediction computed in accordance with the pulicy provisions which is on erocas of the amount of precision advanced by PR which the insurance company retains if the insurance policy intend to the Insurance administration of the insurance policy intend to the Insurance administration of the insurance policy intend to the Insurance administration of the insurance policy intend to the Insurance administration of the insurance policy intend to the Insurance and insurance policy in the insurance policy in the insurance and insurance policy in the insurance and insurance policy in the insurance po subject to retrospective neing.
- (25) Certifies that it is empose wired to enter into this Agreement without any restrictors and that the individual signing it has been fidly empowered to do so To the extent that the Instruct either processes or chains sovereign terminally for any reason, such sovereign terminally for any reason, such sovereign terminally for any reason, such sovereign terminally in expressly waited and the Institute agrees to be subject to the jurisdiction of the laws and courts set forth in the preceding paragraphs
- (26) Agrees that the mency poul by PR is only for the premium as determined at the time the insurance princy is isomed. PR's payment shall not be applied by the insurance examples to pay for any additional permittens even by the insurance examples of mechanification of the risk. The transest which pay to the insurant rany additional permittens or any other sums that become the for any reason. If PR entiges the same account number to any additional elements or extension or extensions of credit, (i) this Agreement and any other Agreement(s) identified by such account number shall be deemed to comprise a single and indivisible loan transaction, (ii) any default with respect to any component of such transaction may be collected and applied by PR to the totality of such transaction, and (iii) any uncarried premiums relating to any component of such transaction may be collected and applied by PR to the totality of such transaction

NOTICE: SEE PREVIOUS PAGE FOR IMPORTANT INFORMATION

CO 12



Please read carefully: New financing procedures with Prime Rate Premium Finance Co.

Tapco is pleased to offer the attached pre-filled premium finance agreement through Prime Rate Premium Finance Corporation.

- If this is a new quotation and you are electing to Finance your premiums, please obtain the binder ID from a Tapco Underwriter prior to sending the loan agreement to Prime Rate using the instructions found below.
- If the attached finance agreement is accompanying a binder, the signed finance agreement and CIP
 Information, if required, will need to be sent directly to Prime Rate using the instructions found below.
 Please send the down-payment along with the binder invoice, signed application, and state forms,
 directly to Tapco.
- If the attached finance agreement is accompanying a renewal quotation (prior to the effective date),
 please send the down-payment along with the signed application and other requested insurance
 information to Tapco. Please send the signed finance agreement and CIP information directly to
 Prime Rate using the instruction found below.

IMPORTANT INFORMATION related to the return of the premium finance agreement and the required CIP information on PERSONAL LINES policies:

Please note, that effective 12/15/2018, Prime Rate will NOT be able to accept any PERSONAL LINES premium finance agreements submitted for acceptance without all required CIP being on file. Please review the attached USA Patriot Act/Customer Identification Program (CIP) Disclosure Notice. If any required information is shown as missing, it must be provided or we will not be able to finance your insurance premiums. Commercial lines policies are exempt from CIP.

Mail: PO Box 100507, Florence, South Carolina 29502
Email: TAPCOprocessing@primeratepfc.com
Fax: 800-320-0414

For additional convenience, you can securely provide CIP data directly to Prime Rate by accessing Prime Rate's Online inquiry system at any time after receiving this finance agreement and enter this information using the Account Number found in the upper right hand corner of the Finance Agreement

Agents: https://www.primerateonline.net/webapps/prlogin.pgm?task=customer Please note, on the left side of the sign in screen are instructions for agents on how to get setup for Agent Inquiry Access to the Prime Rate website.

Additional information on Prime Rate's CIP program is available by visiting their CIP information page where a FAQ can be found https://www.primeratepfc.com/cip.

We applogize for any inconvenience this change in procedure might cause. If you have any questions, please contact Account Services at 1-800-334-5579, option 3. Thank you for your understanding and we appreciate your business!

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Socretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism, to be a violent act or an act that is dangerous to human life, property, or Infrastructure; to have resulted in damage within the United States, or cutside the United States in the case of certain all carriers or vessels or the premises of a United States mission, and to have been committed by an Individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURER'S LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION, IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED

PLEASE ALSO BE AWARE THAT YOUR POLICY DOES $\underline{\text{NOT}}$ PROVIDE COVERAGE FOR ACTS OF TERRORISM THAT ARE NOT CERTIFIED BY THE SECRETARY OF THE TREASURY.

Acceptance or Rejection of Terrorism Insurance Coverage

You must accent or search this insurance coverage for lower adding out of acts of terrains, and of acts of terrains.

ound unless our representative has received this form signed by you
sm, as defined in Section 102(1) of the Act for a prospective t have coverage for losses resulting from any
OR
orism, as defined in Section 102(1) of the Act, I understand that I ed or non-certified acts of terrorism.
Colony Insurance Company
Insurance Company
Policy Number
Submission Number
Producer Number
Producer Name
Street Address
City, State, Zip
ence broker your insurance agent used to place your this Disclosure with your agent before signing.
PFPGW Page 1 of 1

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT DIVISION OF WORKERS' COMPENSATION

Rejection of Coverage by Corporate Officers or Members of a Limited Liability Company (LLC)

1. Type of Entity	O Corporation	Limited L	iability Company (LI	LC)			
2. Name of Corpo	2. Name of Corporation or LLC Dignity Fire Protection, Co						
3. Mailing Addres							
Street or P.O. Box, Unit/Suite							
Colorado Springs					CO 80916		
			City		State	Zip	
4. Nature of Business Fire Protection Service Provider						·	
5. Federal Employer Identification Number 83-2688955 6. Business Phone					719-433-7740		
7. Date of Incorpo	ration or Organiz	ation 11/30/2	8. State of	Incorporation o	r Organi	zation CO	
9. Corporate Offic	ers or LLC Meml						
	Na	me				Percent of	
First	Middle	Last	Suffix (Jr., Sr., III)	Title(s)	M	Ownership/ ember Interest	
Denry	She	be		Member	50%		
Chassee	She	obe		Member	50%	6	
				-			
10. Number of em	ployees of the bus	siness <u>other</u> tha	n the officers or mem	bers listed above	e: <u>0</u>		
11A. Does your co	mpany have worl	cers' compensa	tion insurance? O	Yes • No			
11B. If you answer below and su	red "Yes" to Ques	tion 11A, pleas ted form direct	se include your worke ly to your carrier. If yo the Colorado Divisio	ers' compensation ou answered "No	o" to Qu	estion 11A,	
a. Insurance carrier name b. Policy Number							
	Dates From						
12. Certification:							
I, Denry Sh	obe		in my capacity as Co	morate Secretar	vorII	[™] Manager of	
	orporate Secretary or	LLC Manager		•	-	J	
Dignity Fir	e Protection, C	O . certify that	t the above and attach	ed information i	s correc	t and complete	
Name of C	Corporation or LLC			od miormation i	.5 001100	and complete.	
		2-55			4-3	19	
	18	ignature of Corpo	rate Secretary or LLC Ma	nager		Date	
to an insurance compa	any for the purpose	of defrauding or	ingly provide false, inco attempting to defraud tl s. Any insurance compar	ie company. Penal	ties may	include	

who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

Page 1 of 4

WC43 Rev 02/19

32

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT DIVISION OF WORKERS' COMPENSATION

REJECTION OF COVERAGE BY CORPORATE OFFICERS OR MEMBERS OF A LIMITED LIABILITY COMPANY (LLC)

PART B - Corporate Officer or LLC Member Questionnaire IMPORTANT: A separate Part B <u>MUST</u> be completed by <u>every</u> person listed in Part A.

1. Name of Corporation or LLC	Dignity Fire Pr	otection, Co					
2. Mailing Address	5745 Industrial Pl, suite E						
J	ite						
	Colorado Sprin	gs		CO	80916		
		City		State	Zip		
3. Officer or Member Name Chas	ssee		Shobe				
	First	Middle		Last	Suffix (Jr., Sr., III)		
4. Corporate Officer Title Member	er	5. Bi	usiness Phone	719-433	3-7740		
6. Date Officer/Member Elected $\frac{1}{2}$	1/30/2018						
7. Duties performed for Corporatio	N #	er					
8. Mark ONE that Applies:							
acknowledging that you are an membership interest of the LLC or LLC. The election to reject voluntary and cannot be a cond. I hereby rescind my previous	C at all times, and cont workers' compensation lition of your employm	rol, supervise or n 1 insurance as a co 1ent.	nanage the busin	ess affairs o	of the corporation		
0.00	77.037			4/2/1	/ 9		
9. Notary: If this form is being file	er/LLC Member Signated with the Division	of Workers' Cor	npensation, the	e signature	Date e of the		
individual corporate officer or LLC member completing Part B must be notarized. If this form is being filed with your insurance carrier, please contact your insurance carrier to determine if they require this form to							
be notarized.	ontact your mistigan	ce carrier to dett	ormine if they i	equire un	2 101111 10		
Acknowledged before me	this 2day of		11	<u> </u>	0		
FATIMA SOTI Notary Public - Ar Maricppa Cour Commission # 55 My Commission Expires October	izona nty 3682 r 04, 2022	In and for Mand My commission		Coun Sta U4 202	nte.		
C.R.S. Section 10-1-128(6)(a) states: "It is	unlawful to knowingl	y provide false, inc	complete, or misl	eading fact	s or information		

C.R.S. Section 10-1-128(6)(a) states: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

WC43 Rev 02/19

Page 2 of 4

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT DIVISION OF WORKERS' COMPENSATION

REJECTION OF COVERAGE BY CORPORATE OFFICERS OR MEMBERS OF A LIMITED LIABILITY COMPANY (LLC)

PART B - Corporate Officer or LLC Member Questionnaire IMPORTANT: A separate Part B <u>MUST</u> be completed by <u>every</u> person listed in Part A.

1. Name of Corporation or LLC	Dignity Fire P.	rotection, C	0			
2. Mailing Address	5745 Industrial PI, suite E					
	Street or P.O. Box, Unit/Suite					
	Colorado Sprii	ngs		CO	80916	
		City		State	Zip	
3. Officer or Member Name Den			Shobe			
4 Company or my Memb	First	Middle		Tast 710 422	Suffix (Jr., Sr., III)	
4. Corporate Officer Title Member 1	5.	Business Phone	/17-432	5-7740		
6. Date Officer/Member Elected 1						
7. Duties performed for Corporation	n or LLC Manag	ger				
8. Mark ONE that Applies:						
Act and that if you are hurt on acknowledging that you are an membership interest of the LL or LLC. The election to reject voluntary and cannot be a cond. I hereby rescind my previou	owner of at least 10% C at all times, and con workers' compensatio lition of your employn	of the stock of trol, supervise n insurance as nent.	the corporation or a or manage the busin	at least 10% less affairs e LLC membe	of the of the corporation er must be	
Corporate Offic	er/LLC Member Signat	ure		7-	2-19	
9. Notary: If this form is being file individual corporate officer or LLC with your insurance carrier, please obe notarized. Acknowledged before me	member completing	g Part B must	be notarized. If the letermine if they in	his form is require this	being filed	
FATIMA SOTO Notary Public - Ari Maricopa Coun Commission # 55: My Commission Expires October C.R.S. Section 10-1-128(6)(a) states: "It is to an insurance company for the purpose imprisonment, fines, denial of insurance who knowingly provides false, incomplet	zona ty 3662 04, 2022 unlawful to knowingle of defrauding or atte	y provide false, mpting to defra ny insurance co	ud the company. Pe mpany or agent of a	Coun Sta UU 20 ending facts enalties may	te. 22 or information include	

of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

Page 2 of 4

WC43 Rev 02/19

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Dignity Fire Protection, Co., LLC

is a

Limited Liability Company

formed or registered on 11/30/2018 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181940086.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/23/2019 that have been posted, and by documents delivered to this office electronically through 01/24/2019 @ 15:57:13.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/24/2019 @ 15:57:13 in accordance with applicable law. This certificate is assigned Confirmation Number 11350366 .



Secretary of State of the State of Colorado



The individual indicated thas reserved proctored computer assessments dearon straing many competency in the areas indicated on from the competency in the compet ASSESSMENT LEGEND . quarantee of work is implied or provided.

AS ()# = Automatic Sprinkler FA# = Fire Alarm Systems FEX = Fire Extinguishors UFW# = Underground Privato Fire Mains CKH# = Commercial Kitchen hoods 4 = Business Certificate Holder / RMP SSPE# = Spā, iii. Systems : PreEngineered
CTFH2 = Confidence Testing - Fire Hydrants
KHHE2 = Kinchen Hood & Fite Extinguisher
() C=Commercial; D=Domestic, R=Residential
2 = On-Site Competent/Responsible-Person

www.CSAexams.com-

If found, please mail to.

CSA

CSA

P.O. Boy 723 Greentwing Ast - 2058



Approval Letter

Name:

Date of Award:

Certification Number:

Certification Expire Date:

Denry W Shobe March 27, 2019

147509

06/01/2021

It is my pleasure to inform you that you have been awarded certification as follows:

FIRE PROTECTION ENGINEERING TECHNOLOGY/FIRE ALARM SYSTEMS/LEVEL II

If this is your first award of NICET certification, the expiration date shown under your certification number establishes your three-year recertification cycle. If this is an upgraded certification or a certification in a new technical area, your three-year recertification cycle remains the same as previously established. Please refer to NICET Policy No. 30, Continuing Professional Development, for rules governing recertification.

Prior to removing the wallet card from this letter, we advise that you make a copy of the letter for your files as the complete letter may be required as proof of certification.

The interest you have shown in your career development by obtaining professional recognition and status through certification is most commendable. On behalf of the Board of Governors, please accept our congratulations and best wishes.

Very truly yours,

Michael A. Clark General Manager

remove card slowly



NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Denry W Shobe

FIRE ALARM SYSTEMS/II

Denry W Shobe 61 w Southern Ave Lot 26 Mesa, AZ 85210

CERT NO. 147509 VALID THRU 06/01/2021



NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

1961 Providing Certification Programs Since

BE IT KNOWN THAT

Denry W Shobe

IS HEREBY AWARDED CERTIFICATION AT

LEVEL II

IN FIRE PROTECTION ENGINEERING TECHNOLOGY FIRE ALARM SYSTEMS

BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE, EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.

Certification Valid through June 1, 2021

CERTIFICATION NUMBER 147509

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle Colorado Springs, Colorado 80910 Website: http://www.pprbd.org

Follow us on social media

Invoice

facebook.com/PPRegionalBuilding/

4/10/2019 2:30:50 PM

(ROSE)

@PPRBD

Receipt #: 1589290

@ppregionalbuilding

Customer: Denry Shobe

	Transaction	Summary
ion		

Account	Description		Reference	Amount
1301-40036	CONTRACTOR FEES	APPLICATION	App Fee	\$50.00

Total Due: \$50.00

Payment Summary

Account	Description	Reference	Amount
9801-55200	COLLECTION, CHECK	6224	\$50.00

Total Tendered: \$50.00

Comment: APPLICAITON FOR FAC-B LICENSE

Project History (List projects in which this company worked as the contractor.)
1. Project Street Address: 2336 E Magnolia Ave, Phoenix, AZ 85034
Type of work (check one) Residential Commercial Cost: \$1800.00 Date: 02/15/2019 Your position: Fire Alarm Technician Describe Job in detail: Annual Inspection of Fire Alarm, Extinguishers, Emergency Lights. Changed alarm batteries.
2. Project Street Address: 1636 N Central Ave, Phoenix, AZ 85034
Type of work (check one) Residential Cost: S7860.00 Date: O1/28/2019 Your position: Fire Alarm Technician Describe Job in detail: Annual Inspection of Fire Alarm, Extinguishers, Emergency Lights. Set up monitoring through AES Radio.
3. Project Street Address: 518 S 3rd St, Phoenix, AZ 85004
Type of work (check one) Residential Cost: Cost:
4. Project Street Address: 470 W Vaughn St, Tempe, AZ 85283
Type of work (check one) ☐ Residential ☐ Commercial Cost: \$15,750.00 Date: 04/01/2019 Your position: Fire Alarm Technician
Describe Job in detail: Annual Inspection of Fire Alarm, Extinguishers, Emergency Lights. Multiple buildings and systems onsite.
5. Project Street Address: 1615 W 12th PI, Tempe, AZ 85281
Type of work (check one) ☐ Residential ☐ Commercial Cost: \$950.00 Date: 02/07/2019 Your position: Fire Alarm Technician
Describe Job in detail: Annual Inspection of Fire Alarm, Extinguishers, Emergency Lights. No deficiences or additional work.
CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.
Print name and title (owner, principal or manager) They Shobe; Owner TIME Signature: 1 Date: 4-23.19
Signature: 1 Date: 4-23.19

EVIDENCE OF INSURANCE

Coverage afforded by the policy is provided by: TAPCO Underwriters, Inc.

Policy Number/Application Number: PFPGW-M

Insured's name, mailing address, and zip code: DENRY SHOBE
DIGNITY FIRE AND PROTECTION, LLC
1670 E CHEYENNE MTN BLVD
COLORADO SPRINGS, CO 80906

Location of premises (If different than shown above)

Additional Interest, address and zip code: PPRBD 2880 INTERNATIONAL CIRCLE COLORADO SPRINGS, CO 80910

The POLICY PERIOD will begin on the date shown and will continue with no fixed date of expiration. The PREMIUM PERIOD will be Annual and begins on the same date shown.

The POLICY PERIOD and PREMIUM PERIOD will begin at 12:01 a.m. Standard Time On 01/08/2019 – 01/08/2020

Insurance is provided as follows:

General Liability:

\$ 2,000,000 General Aggregate

\$ 1,000,000 Products/Completed Operations Aggregate

\$ 1,000,000 Personal Injury/ Advertising Injury

\$ 1,000,000 Each Occurrence limit

\$ 100,000 Damages to premises rented to you

S 5,000 Medical Payments

\$ **0 BI/PD Deductible per claimant

Total annual premium \$941.42

PROVISIONS: This form is not the contract of insurance. The provisions of policy shall prevail in all respects.

All premiums for the insurance policy shall be computed in accordance with Allstate's rules, forms, premiums and minimum premiums applicable to the insurance afforded which are in effect at the inception of the insurance and upon each anniversary thereof, including the date of interim changes.

It is understood that should the insurance protection evidenced herein terminate for any reason, due notice will be given to the Insured, to the mortgagee, and to all other interested parties in accordance with the standard mortgagee clause.

A copy of the Policy Declarations reflecting the annual premium will be sent, if required, to the mortgagee and to any other interested parties.

Authorized Agent: MELANIE ZIMMERMAN

THE SAUNDERS AGENCY

425 N CIRCLE DR

COLORADO SPRINGS, CO 80909

719-635-5053 OFFICE 719-635-5165 FAX

Agent Signature: Melanie Zimmerman



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

		BARKER FIR							
	.: BARTON P	ROCTOR	LICEN	ISE HOL	DER:	RAYMOI	ND CARN	AHAN	
ME: DER	EK HORSEY		RECO/	WMEND:					
							☐ DISAPP	ROVAL	
				DATE	4/	19/19			
ICENSE AP	PLYING FOR:								
FSC-A	FSC-B	FSC-C	FSC-D	FSC	:-Н	FSC-M	FAC-A	FAC-B	
FAI	FSI	FSI-L	FST-B	FST	C	FST-	D F	HT	
*************	PPRBI	O INFORMAT	ION			NAME		DATE	
RECEIVED BY PPRBD					S	ABRINA	4/	4/18/2019	
CRIMINA	L BACKGRO	UND CHECK			S	ABRINA	4/	18/2019	
SENT TO FIRE SABRINA			4,	4/18/2019					
es sedem vis e	DI	EPARTMENT	etter en de en en en en en en en			NAME	Problem Works State - This state of Australian St. St.	DATE	
CSFD				meritan as voc-	Chip	Taylo	r 4/19	/19	
									
	**************************************						1	ministery of high worse accounts on sufficiency or communications and the sufficiency of	
				and the second s	<u> </u>				
			The state of the s	randored during advantant-garperines an <u>esse</u>					
Sampar to the same									
COMME	NTS: NEW I	Pye Barker	has purc	hased	Fire	Inspe	ctions 1	Plus, and	
		is applyin							

Email: Licensing@pprbd.org

PPRBD LICENSING

Fax: 719-327-2626

Phone: 719-327-2887

Fax: 719-385-7330 Email: Fireconstructionservices@springsgov.com

FIRE

Phone: 719-385-5982

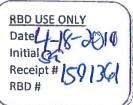
PIKES PEAK REGIONAL BUILDING DEPARMENT

Fire Alarm Contractor License Application

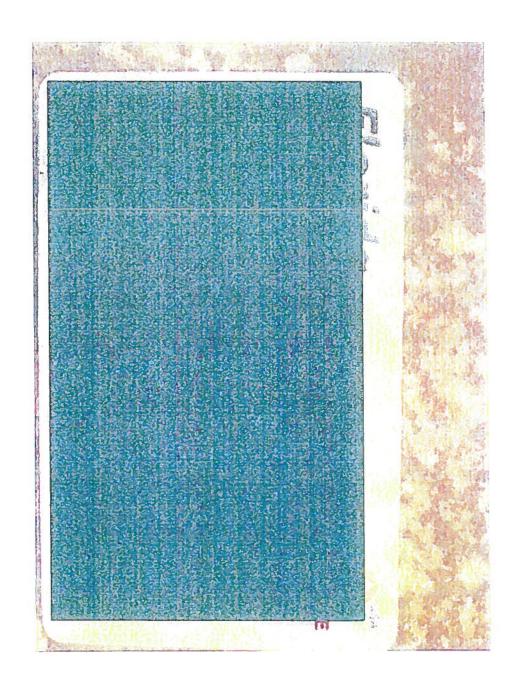
It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

□ FAC-A ₺ FAC-B



Business (n or not some some some some some some some some	
Type of Entity (Check one) □ Individual □ Partner		The Control of the Co
Business Name: Pye-Barker Fire & Safety LL (The business name is the name that will appear on the license and it	.C	
		business will operate.)
Federal Employer Identification Number: 81-2883743	}	
Business Address: 942 Elkton Dr		
Street Address	Apartment/L	Init #
Colorado Springs	Colorado	80907
City	State	ZIP Code
Business Phone: 719-392-1122	Business Email: flaggc@pyeba	arkerfire.com
Business Fax: 303-294-0710	Business Website: Pyebarkerfir	e.com
Company's Principal Officers, Partners, or Owners		
Name: Barton A Proctor	Title: OWN	er
Name:	Title:	
1. Number of years company has operated as a contract		
2. Type of work performed? (Check one or both, if app	plicable) 🔲 Residential 🔟	Commercial
3. Has the company ever been named in or responsible and/or claims against them in which the company was	e for any entered and unsatisfied jud the contractor?	Igments, liens, s, Explain
4. Has the company been a defendant in a collection a	action court case? Yes No If yes,	, Explain
5. Has the company ever declared bankruptcy? ☐ Yes	☑ No If yes, Explain	
6. Has the company ever had a license suspended or re	evoked? 🗆 Yes 🗹 No If yes, Explain	
7. Has the company ever defaulted on a contract?	es ☑ No If yes, Explain	
Licenses held l	y the company	
Jurisdiction - License type and number	Jurisdiction- License type a	and number
Denver Electrical Signal 22154	City of Fort Collins- Fire 001388	38
City of Black Hawk Contrator CN-275		
Denver Fire Pro A 7292		
City of Boulder Contractor Fire 00991861		



			Licensee Information	
Legal Nai	me: Carnahar	1	Raymond	
6	L	ast	First	M.I.
Date of B	Sirth: 09/11/19	62	Social Security Number:	
Address:	1006 Pala	cio View	•	104
	Str	eet Address	the first the state of the stat	Apartment/Unit #
(Colorado S	Springs	Colo	80910
	City			State ZIP Code
Phone:	719-233-4	244 Fax:	303-294-0710 Em	ail: carnahanr@pyebarkerfie.com
1. What is	s your area of e	expertise in the indust	try? fire extg sprinkler a	larm backflow
2. How lo	ng have you wo	orked in the industry?	15years	
3. What is	s your affiliation	n with the company?	(Owner, partner, employee, etc	. ₎ manager
4. Have y	ou ever been co	onvicted of a misdem	eanor or felony? 🗆 Yes 🛭 No If y	es, Explain
			ed? □ Yes ② No If yes, Explain _	
decisions,	checking jobs	for proper workmans	ervision and control includes any nstruction activities by making thip, or direct supervision on job these duties? 12 Yes 12 No	ochnical and administration
		We take to the to be applicated to a server to a server of the server of		
NAME OF TAXABLE PARTY.	child and the second		Certifications	
	NICET /		Ceffilications NICET Level	Expires
	NICET #			Expires Expires
		1	NICET Level	
	P.E. #	1	NICET Level	Expires
	P.E. #	1	NICET Level	Expires
1.11	P.E. # D.O.T. i	1	NICET Level Issued Issued	Expires
RockY m	P.E. # D.O.T. a company ant fire	Position	NICET Level Issued Issued	Expires Expires
RockY m Sentry Fi	P.E. # D.O.T. a company ant fire re	Position manager service tech	Issued Issued Issued Issued Issued Issued Issued Issued Issued Issued Issued	Expires Expires From
RockY m Sentry Fi	P.E. # D.O.T. a company ant fire	Position	Issued Issued Issued Issued Issued Issued Issued Issued	Expires Expires From 2002
RockY m Sentry Fi Fire Inspe CERTIFICA Departmen authorize I information may deny r	D.O.T. a D.O	Position manager service tech manger owing declaration is the ersons seeking a lice onal Building Departs his application. I agreed the error of the	Issued Issued Issued Issued Issued Issued Issued Issued Issued Issued Issued	Expires Expires From 2002 2012 present kes Peak Regional Building round Check. I hereby ground Check utilizing
RockY m Sentry Fi Fire Inspector CERTIFICA Department authorize Information rnay deny mapplication	D.O.T. a D.O	Position manager service tech manger owing declaration is the ersons seeking a lice onal Building Departribits application. I agree the ersons manager reviewing my Criminal Building Departribits application on the error of th	Issued Issued Issued Issued Io 2006 2006 2012 o be signed by the Licensee) Pilense to undergo a Criminal Backgenent to perform a Criminal Backgenent to perform a Criminal Backgenent Backgenent Backgenent Backgenent Backgenend Check If any in the Background Check III and I and	Expires Expires From 2002 2012 present kes Peak Regional Building round Check. I hereby ground Check utilizing
RockY m Sentry Fi Fire Inspector CERTIFICA Department authorize Information rnay deny mapplication Print name	D.O.T. a D.O.T. a company and fire re ections Plus TION (The follo nt requires all p Pikes Peak Region provided on to the a license aft n is untrue, license	Position manager service tech manger owing declaration is the ersons seeking a lice onal Building Departribits application. I agree the ersons manager reviewing my Criminal Building Departribits application on the error of th	Issued Issued Issued Issued Io 2006 2006 2012 o be signed by the Licensee) Pilense to undergo a Criminal Backgent to perform a Criminal Backgent to p	Expires Expires From 2002 2012 present kes Peak Regional Building round Check. I hereby ground Check utilizing

Power of Attorney

Know All Men by These Presents: that the undersigned does hereby make, constitute and appoint

Name:

Louis Greway

Address:

1294 S. Inca Street

Denver, CO 80223

The true and lawful attorney-in-fact for Pye-Barker Fire & Safety, LLC and in the name, place and stead of the corporation, to make and execute the assignments of or applications for vehicle Certificates of Title and other documents of registration or licensing.

And granting to the said attorney-in-fact full authority to do and perform all and every act and thing whatsoever requisite, necessary and proper to be done in and about the premises as fully and to all intents and purposes as the undersigned might or could do with full power of substitution and revocation hereby ratifying and confirming all that said attorney or his substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, the undersigned has caused his name to be subscribed hereto on this 28th Day of March 2018.

Pye-Barker Fire & Safety, LLC

Signature of person giving power of attorney

Barton A. Proctor, President Printed name and title

Notary Public Signature

Printed name of notary

Project History (List projects in which this company worked as the contractor.)
1. Project Street Address: 2900 Fox St Denver
Type of work (check one) □ Residential □Commercial
Cost: 55K Date: 11/30/2017 Your position: installer-design
Describe Job in detail: ground up building installed fire alarm system
2. Project Street Address: 4800 E 48th Denver
Type of work (check one) □ Residential □Commercial
Cost: 8K Date: 1/31/2019 Your position: installer-design
Describe Job in detail: replacement of existing fire alarm panel
3. Project Street Address: 1770 21st st Boulder
Type of work (check one) □ Residential □Commercial
Cost: 14K Date: 9/28/2018 Your position: installer-design
Describe Job in detail: installation of new fire alarm system
4. Project Street Address: 570 W 44th Denver
Type of work (check one) □ Residential □Commercial
Cost: 12K Date: 11-30-2018 Your position: Installer-design
Describe Job in detail: installation of fire alarm system
5. Project Street Address: 1450 e 62nd ave Denver
Type of work (check one) ☐ Residential ☐ Commercial
Cost: 18K Date: 10/31/2018 Your position: installer-design
Describe Job in detail: installation of fire alarm system
CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.
Print name and title (owner, principal or manager) Louis R Greway manager
Signature:

Responsible Maraging E	mployee (RAE) Infor	mation
Legal Name: Horsey	Denck	
	First	M.1.
Date of Birth: CG /14 / 1985 S	ocial Security Number	
Address: 16797 Madizon Way		Apartment/Unit #
Nocholes	(0	Amo 27
Northalenn	State	4026.2 ZIP Code
Phone: Fax:		mail:
1. What is your area of expertise in the industry? Fr	e detection Inc	Allation Service, Inspection
2. How long have you worked in the industry?	06 - present	
3. What is your affiliation with the company? (Owner,	partner, employee, e	tc.) employee
4. Have you ever been convicted of a misdemeanor or	r felony? □ Yes 🖾 No I	f yes, Explain
5. Have you had a license suspended or revoked? \Box Yo	es ŒNo If yes, Explair	Control of the Contro
6. I, the undersigned, do hereby submit application for (Responsible Managing Employee) or Licensee for the and warrant, that I am acting in capacity of the RME/responsibilities for said company's and my own action be granted. ☑ Yes □ No	firm named herein. I d Licensee of said firm;	to hereby expressly represent, and I hereby agree to accept the
Centi	lications .	
the state of the same control of the same	IICET Level L IL Issued Issued	Expires Expires Expires
Work	History	
Company Position Pye Backer Tach Sentry Fire Tach Vanguard Fire Tach	To Jun 1 Oct 2017 July 2017	From Present Qc 2018 Sept 2017
CERTIFICATION (The following declaration is to be significant to be significant to be significant to be significant to be significant. I agree and significant to be significant to be significant. I agree and significant to be significant. I agree and significant to be significant. I agree and significant to be significant. I agree and such that the significant to be significant to be significant to be significant to be significant. I agree and such that the significant to be significant to be significant. I agree and significant to be significant to be significant. I agree and significant to be significant. I agree and significant to be significant to be significant. I agree and significant to be significant. I agree and significant to be significant to be significant. I agree and significant to be significant. I agree and significant to be significant to be significant. I agree and significant to be significant. I agree and significant to be significant to be significant. I agree and significant to be significant to be significant. I agree and significant to be significant. I agree and significant to be significant to be significant. I agree and significant to be significant to be significant. I agree and significant to be significant to be significant. I agree and signi	undergo a Criminal Bad perform a Criminal B understand Pikes Peak ackground Check. If ar atically revoked.	ckground Check. I hereby ackground Check utilizing Regional Building Department
Signature of (RME):		Date: 3/22/19

Derick M. Horsey

10797 Madison VVay, Northglenn CO 80233 | 720-251-3715 | DerickHorsey@gmail.com

ABOUT ME

I am a self-motivated leader eager to expand my knowledge and experience. I am passionate about providing quality workmanship. I have a strong work ethic which can inspire others around me. I possess the ability to move with changes, learn, and adapt to meet my goals. I work effectively in a fast-paced environment by consistently prioritize tasks to meet deadlines. My professional skills and attention to detail have been noted by past employers.

Education

- DeVry University Westminster Co.
- AA in Electronics and Computer Technology | October 2005

Experience

June 2017 -- August 2017

Alarms and Detection Technician | Vanguard Fire Sys. | Pflugerville, TX

While at Vanguard Fire I was responsible for Inspections and service repair. I would work closely with the office management to facilitate in all aspects of the job to be done.

March 2017 - May 2017

Alarms and Detection Technician | Western States Fire Protection | Austin TX

My primary responsibilities were servicing and installing fire alarm equipment. My secondary responsibility was to assist in educating the apprentice technician on acceptable standards for the installation of systems in a variety of structures.

July 2013 - October 2016

Fire Alarm Technician | Sentry Fire and Safety | Denver CO

My responsibilities were varied, I would perform all aspects of Fire alarm system implementation. From plan development, submittal and review process with the AHJ, to installation and finally commissioning of the systems. I was also required to plan organize my monthly quota of fire alarm Inspections. Lastly, I was required to perform troubleshooting and service repair of fire alarm systems when asked. My greatest accomplishment at Sentry Fire was project foreman on many start to finish installations.



CERT NO. 121627 VALID THRU 02/01/2020

STATE OF COLORADO Division of Fire Prevention and Control



19-S-04101

Be It Known That
Pye Barker Fire & Safety Inc.
Brad Reading Sprinkler Fitter-RME
Has Successfully Completed All Requirements
to Become Registered
Fire Suppression Systems Contractor

Issued On January 1, 2019

Expiring On, Unless Earlier Revoked

December 31, 2019

In Accordance With

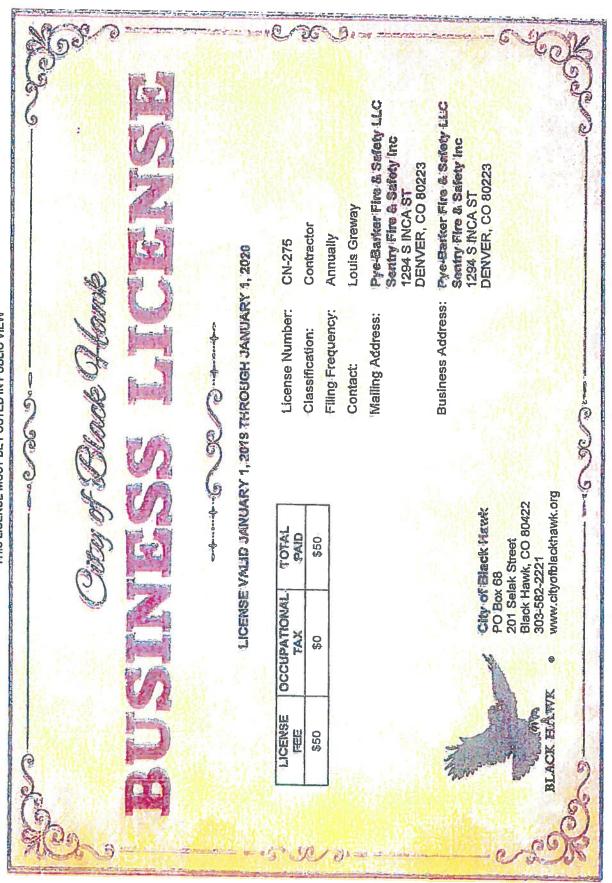
8 CCR 1507-11

Fire & Life Safety Section Division of Fire Prevention & Control 700 Kipling Street Suite 4100 Denver, CO 80215



Mike Morgan, Director





OPERATING A'BUSINESS WITHOUT A LICENSE IS SUBJECT TO CIVIL ACTIONS AND PENALTIES

City and County of Denver Community Planning and Development www.denvergov.org/contractor_licensing

License/Registration Number: Expiration Date: 04/30/2021 License Type: Electrical Signal LIC22154

Issued To:

By Authority of the Executive Director of Community Planning and Development

PYE-BARKER FIRE &SAFETY LLC 1294 S INCA ST DENVER, CO 80223

> Amount \$75.00 \$75.00 \$75.00

Fund/Org/Revenue Code 01010-0141140-352900 01010-0141140-352900 01010-0141200-352900

Payment Date 12/14/2001 12/26/2002

01/13/2004

Status Paid Paid Paid

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on

Renewal information is available at www.denvergov.org/Contractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection:

√ Permit number

√ Type of inspection and inspection code

Automated Inspection Request System, 720-865-2501 Inspections are performed Monday through Friday.

Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.

Cut on outside of line, then fold in half,

City and County of Denver

IDENTIFICATION CARD ..

City and County of Denver
Community Planning and Development
201 W COLFAX AVE DEPT 205
DENVER, COLORADO 80202

License/Registration

LIC22154

No.s

This is to certify that PYE-BARKER FIRE &SAFETY LLC has been issued a Electrical Signal license in the City and County of Denver, beginning on 13 January 2004 and ending on 30 Apr 2021, unless license is revoked.

By Authority of the Executive Director of Community Planning and Development DENIVER NEW HEADTY

Licenses & Certificates:

Permit Counter:

Inspection Administration:
Automated Inspection Request:

720,865,2770

720.865,2705 720.865,2505

720.865.2501

LIC. 100 (4/100) CPDA

地 地名15年日 32715

City and County of Denver

 Community Planning and Development www.denvergov.org/contractor_licensing License/Registration Number: Expiration Date: 02/28/2021

License Type: Fire Pro A

LIC7292

as o deliver gov, or ground actor incensing

Issued To:

By Authority of the Executive Director of Community Planning and Development

PYE-BARKER FIRE & SAFETY LLC 1294 S INCA ST DENVER, CO 80223

> Amount \$75.00

Fund/Org/Revenue Code 01010-0141140-355600

Payment Date 01/24/2001

Trans # 01009992

Status Paid

\$80.00 \$75.00

01010-0141200-355600 01010-0141140-355600 02/08/2011

11011041

Paid Paid

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on

Renewal information is available at www.denvergov.org/Contractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection:

√ Permit number

√ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501 Inspections are performed Monday through Friday.

· Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.

Cut on outside of line, then fold in half,

City and County of Denver

IDENTIFICATION CARD

City and County of Denver
Community Planning and Development
201 W COLFAX AVE DEPT 205
DENVER, COLORADO 80202

License/Registration

1107299

No.:

This is to certify that PYE-BARKER FIRE & SAFETY LLC has been issued a Fire Pro A license in the City and County of Denver, beginning on 14 December 2001 and ending on 28 Feb 2021, unless license is revoked.

By Authority of the Executive Director of : Community Planning and Development B

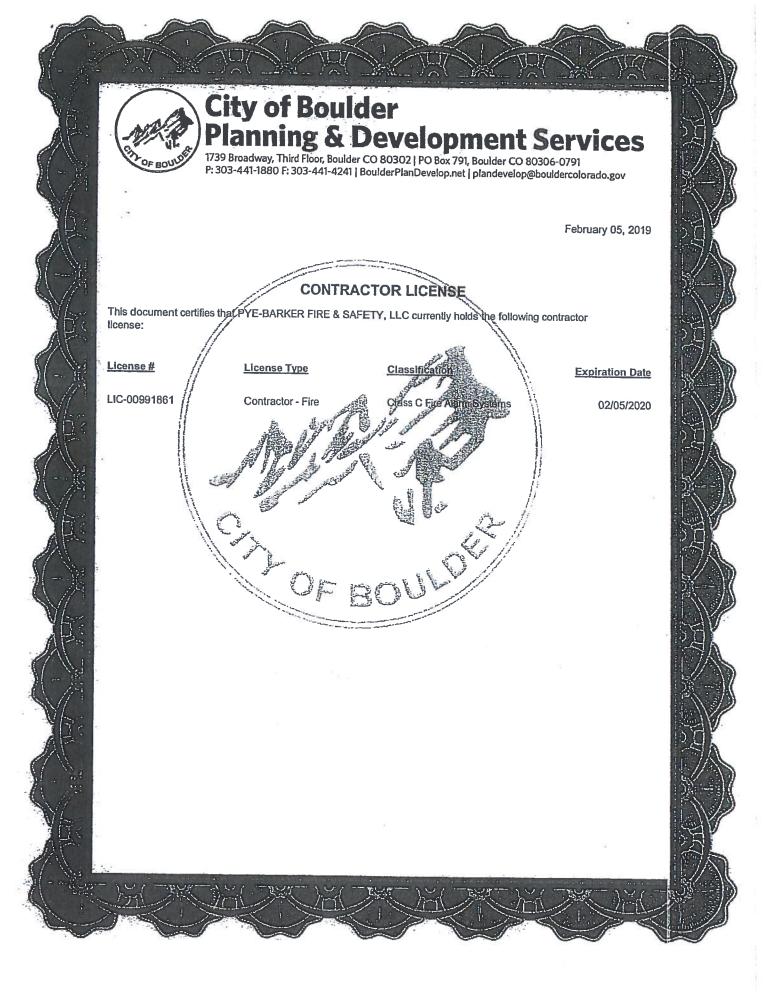
DENVER

Licenses & Certificates: Permit Counter:

Inspection Administration: Automated Inspection Request: 720.865.2770 720.865.2705

720.865,2505 720.865,2501

LIC: 100 (4/100) CPDA





City and County of Broomfield One DesCombes Drive Broomfield, Colorado 80020

Contractor's License

PYE BARKER FIRE & SAFETY INC 1294 S INCA ST DENVER, CO 80223

License Type: GenC

This registration/license duly recognizes the above mentioned as meeting Broomfield Municipal Code, Title 15 requirements for registration/licensure as a contractor in the City and County of Broomfield for the term set forth. This registration may be revoked, suspended, or denied for cause in accordance with BMC Title 15.

Effective Date: 04/04/2019 Expiration Date: 04/03/2020

Timothy Pate, Chief Building Offical

Those Pale

Contractor Wallet ID Card
Cut on outside line and fold to fit.

Issued to:PYE BARKER FIRE & SAFETY INC

Address:1294 S INCA ST

DENVER, CO 80223

License No.:OL-20-13355

This registration/license duly recognizes the above mentioned as meeting Broomfield Municipal Code, Title 15 requirements for registration/licensure as a contractor in the City and County of Broomfield for the term set forth. This registration may be revoked, suspended, or denied for cause in accordance with BMC Title 15.

No: OL-20-13355

Effective Date: 04/04/2019 Expiration Date: 04/03/2020

Timothy Pate
Chief Building Offical

Information needed to request an inspection:

- >> Permit Number
- >> Address of Inspection
- >> Type of Inspection
- >> Date of Requested Inspection
- >> Name and phone number of person requesting inspection

City and County of Broomfield

One DesCombes Drive Broomfield, CO 80020

Inspection Line:

303.438.6376

Building Division:

303.438.6370

Fax:

303.438.6207



4-15-2019

Pikes Peak Regional Building Dept 2880 International Circle Colorado Springs, Colorado 80910

RE: Application for FAC-B Fire Alarm

To Whom It May Concern:

This letter is to attest that Derick Horsey our RME for Fire alarm is a full time employee of Pye-Barker Fire & Safety LLC .

Sincérely,

Louis R Greway, Manger Pye-Baker Fire & Safety LLC

Off: 303-294-0708 Cell 720-271-0966

> 400 NO RT HWFNDS CENTER 11605 HAYNES BRIDGE RD STE 350 ALPHARETTA, GA 30009 (678) 281-6143 toll free (800) 927-8610

> > "All portlan" ritter our



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/16/19

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Aor	Risk	Services, Inc of Flor	ida #11/	20				NAME		k Services, Inc	of Florida			
1001 Brickell Bay Drive, Suite #1100 Miami, FL 33131-4937			(A/C, No, Ext): 800-743-8130 (A/C, No): 800-522-7514					14						
			EMAIL ADDRESS: ADP.COI.Center@Aon.com											
										R(S) AFFORDING				NAIC#
								INSUR	ERA: New Hamp	shire Ins Co			_	23841
	URE	D alSource FL XVIII, Inc						INSUR	ERB:				_	23041
102	00 S	unset Drive	71						ERC:				-	
		L 33173 IATE EMPLOYER						_	ERD:					
Pye	-Barl	er Fire & Safety, LL0)											
		y Drive ta, GA 30076						INSUR						
_		RAGES				FRT	IFICATE NUMBER: 22		EKF:		D 21 //			
					S OF	INSU	RANCE LISTED BELOW H	AVE BEEN			NAMED ABO		POLIC	
		USIONS AND CO	DND	TIONS OF SUCH	1 POL	ICIES.	THE INSURANCE AFFOR	E BEEN R	FOUCED BY PA	DESCRIBED F	TEREIN IS SI	JBJECT TO A	LL TH	E TERMS,
INSR LTR		TYPE OF IN			ADDL	SUBR	BOLIOV MINDED		POLICY EFF	POLICY EXP	LIMITS	SHOWN ARE A		UESTED.
		COMMERCIAL GE	NER	AL LIABILITY	INSK	WVD			(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		
	-		Г						<u> </u>		EACH OCCUR		\$	
	_	CLAIMS-MADE	EL	OCCUR	}						PREMISES (Ea		s	
					-						MED EXP (An)	one person)	\$	
					1						PERSONAL &		\$	
	GE	N'L AGGREGATE LIN	A TIN	PPLIES PER.					1		GENERAL AG	GREGATE	\$	
		POLICY PRO	DJEC	T LOC								COMP/OP AGG	\$	
		OTHER			<u> </u>								\$	
	AU	TOMOBILE LIABILIT	ΓΥ								COMBINED SI (Ea accident)	NGLE LIMIT	\$	
		ANY AUTO									20.000	RY (Per person)	\$	
		OWNED AUTOS ONLY		SCHEDULED AUTOS]					
		HIRED	Г	NON-OWNED		}					PROPERTY D	RY (Per accident)	\$	
	_	AUTOS ONLY		AUTOS ONLY		ļ					(Per accident)	AWAGE	\$	
			-		_	<u> </u>							\$	
		UMBRELLA LIAB		OCCUR		1			}		EACH OCCUR	RENCE	S	
		EXCESS LIAB		CLAIMS-MADE	1				[AGGREGATE		s	
		DEC RET												
Α		RKERS COMPENSA DEMPLOYERS' LIAI				1	WC 047014227 C	0	11/06/18	07/04/40	X PER STATUTI	OTH-		
	ANY	PROPRIETOR/PARTI	NER/	EXECUTIVE	N/A	1	110 047 014227 0	0	11/00/16	07/01/19	E.L. EACH AC		-	0.000.000
	(Ma	FICER/MEMBER EXC Indatory in NH)	JLUU	En, []	NIA				ł l				\$	2,000,000
		s, describe under SCRIPTION OF OPE	RATI	ONS halow								- EA EMPLOYEE		2,000,000
											E.L. DISEASE	- POLICY LIMIT	\$	2,000,000
DES	CRI	PTION OF OPERATI	ONS	/LOCATIONS / VE	HICLES	S (ACO	I RD 101, Additional Remarks S	chedule ma	y he attached if -	tore coace to c	ulend)			(38)
See	anai	ched Cenificate Holdi	ег Са	ncellation Notice										
All V	vorks iltem	ite employees workin ate employer under ti	ng for his or	PYE-BARKER FIRE	& SAI	ETY, L	LC, paid under ADP TOTALSOL	IRCE, INC.'s	payroll, are covere	ed under the abov	e stated policy.	PYE-BARKER F	RE & SA	FETY, LLC is
				#-										
CEF	TIF	ICATE HOLDI	ER					CANC	ELLATION					
		.5						CANC	ELLATION					
288	O Inte	ak Regional Building emational Circle	Depa	artim ent				SHOUL THE E	D ANY OF THE EXPIRATION	ABOVE DESC	RIBED POLICE	CIES BE CANO	CELLE	D BEFORE
Cole	orado	Springs, CO 80910						ACCOR	DANCE WITH 1	HE POLICY P	ROVISIONS.	- ***** U E	erill\	EVED IN
								AUTHORIZ	ED REPRESENTA	ATIVE				
									Fron	cRisk Re	evices.	ne of A	orin	l _a

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MN/DD/YYYY) 4/12/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC		CONTACT NAME:				
2301 Sugar Bush Road		PHONE (A/C. No. Ext): 919-788-7171	FAX (A/C, No): 919-782-1841			
Suite 600 Raleigh NC 27612		E-MAIL ADDRESS: Certificates@MarshMMA.com				
Naleigh NO 27012		INSURER(S) AFFORDING COVERAGE	NAIC#			
111111111111111111111111111111111111111		INSURER A: Everest Indemnity Insurance Company	y 10851			
Pye-Barker Fire & Safety, LLC*	77	เพรบRER B : Depositors Insurance Company	42587			
PO Box 69 Roswell, GA, 30077		INSURER c : National Union Fire Ins Co Pittsburgh	PA 19445			
11605 Haynes Bridge Rd, Ste 3 Alpharetta GA 30077		เพรบRER p : Nationwide Mutual Insurance Compan	23787			
Alphaletta GA 30077		INSURER E: Aspen American Insurance Company	43460			
		INSURER F: Evanston Insurance Company	35378			
COVERAGES	CERTIFICATE NUMBER: 1176231460	DEVISION NUM	ARED.			

CERTIFICATE NUMBER: 1176231469 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSD WVD POLICY EFF POLICY EXP TYPE OF INSURANCE **POLICY NUMBER** X COMMERCIAL GENERAL LIABILITY 51GL0034900191 1/1/2019 1/1/2020 EACH OCCURRENCE \$1,000,000 CLAIMS-MADE X DAMAGE TO RENTED PREMISES (Ea occurrence) OCCUR \$50,000 Х Contractual Liab MED EXP (Any one person) \$5,000 Х XCU Included

PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** \$2,000,000 POLICY X PRO-PRODUCTS - COMP/OP AGG \$2,000,000 OTHER. COMBINED SINGLE LIMIT (Ea accident) В **AUTOMOBILE LIABILITY** BAPD3028192010 1/1/2019 1/1/2020 \$1,000,000 ANY AUTO Х BODILY INJURY (Per person) 5 OWNED AUTOS ONLY SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) 5 X HIRED Х PROPERTY DAMAGE (Per accident) **AUTOS ONLY** \$ UMBRELLA LIAB Ā Х 51CC001080191 CX00AD619 OCCUR 1/1/2019 1/1/2020 **EACH OCCURRENCE** \$10,000,000 X 1/1/2019 1/1/2020 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$10,000,000 DED RETENTION \$ Excess Liability \$20,000,000 WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYER \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Professional/Pollution MMAENV001290 CIM3028192010 1/1/2019 1/1/2020 \$1,000,000 Limit \$100,000 \$2,000,000 Leased/Rented Equipment Fidelity 1/1/2019 1/1/2019 1/1/2020 1/1/2020 per item 061813109 per loss

DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
**DBA's: PB Parent; LLC, Lanstar, LLC; Pye-Barker Holdco, LLC; DBA A.A.C. United Fire & Safety Equipment, Inc.; DBA Accurate Fire Protection, Inc.; DBA Accurate Fire Protection, Inc.; DBA Advanced Fire Extinguishers & Safety Equipment; DBA Allstate Fire Protection, Inc.; DBA American Fire & Safety; DBA BRS
Holdings LLC; DBA Commercial Fire Equipment Company; DBA D&C Fire Protection; DBA Dekalb Fire Protection Services, Inc. dba Georgia Fire; DBA East
Coast Fire Equipment, Inc.; DBA Fire Boss, Inc. d/b/a Dragon Fire Systems; DBA Fire Inspections Plus; DBA Fire Pro, Inc.; DBA Fire X Services, LLC; DBA
Innovative Electronic Control Systems Inc.; DBA Integrity Fire & Safety; DBA Lester King Fire and Safety Equipment, Inc.; DBA Metro Fire & Safety, Inc.; DBA
Myrtle Beach Fire Safety Group; DBA Pro Fire Extinguishment, Inc.; DBA Pye Barker Industrial Cleaning, LLC; DBA Reliable Alarm Technology and
Equipment, Inc.; DBA Reliable Fire & Safety Equipment Company, Inc.; DBA Sentry Fire & Safety; DBA South Carolina Safety Co.; DBA Suncoast Fire Safety;
DBA Tampa Bay Fire Equipment; DBA Tanner Fire & Safety Equipment, Inc.

CERTIFICATE HOLDER	CANCELLATION
Pikes Peak Regional Building Department 2880 International Circle	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Colorado Springs CO 80910	Latyr gade Wood

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle Colorado Springs, Colorado 80910 Website: http://www.pprbd.org

Follow us on social media

Invoice

4/18/2019 9:14:37 AM

(SABRINA)

Receipt #: 1591361

Customer: PYE- BARKER FIRE & SAFETY, LLC

facebook.com/PPRegionalBuilding/

@PPRBD

@ppregionalbuilding

Transaction Summary

Account	Description		Reference	Amount
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00

Total Due: \$200.00

Payment Summary

Account	Description	Reference	Amount
9801-55200	COLLECTION, CHECK	1125	\$50.00
9801-55200	COLLECTION, CHECK	1127	\$50.00
9801-55200	COLLECTION, CHECK	1129	\$50.00
9801-55200	COLLECTION, CHECK	1131	\$50.00

Total Tendered: \$200.00

Comment:



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANYN	IAME: PYE	BARKER FIR	E & SAFETY,	LLC					
PRINCIPAL: BARTON PROCTOR		LICENSE HOLDER: RAYMOND CARNAHAN RECOMMEND:							
RME: GEORGE MALARCHIK									
				△ API	PROVA	L [DISAPPR	OVAL	
				DATE	4/	19/19			
LICENSE APP	LYING FOR:								
FSC-A	FSC-B	FSC-C	FSC-D	FSC-	-H	FSC-M	FAC-A	FAC-B	
FAI	FSI	FSI-L	FST-B	FST	·C	FST-D	FH	Т	
	PPRBI	O INFORMATI	ON		NAME		D	DATE	
RECEIVED	BY PPRBD				SABRINA		4/18	4/18/2019	
CRIMINAL	BACKGRO	UND CHECK			SABRINA		4/18	4/18/2019	
SENT TO F	IRE				SABRINA		4/1	4/18/2019	
	D	EPARTMENT				NAME		ATE	
CSFD			agyanet gygghenheyn i gyggethig etgy ei Agygbyn oe'r i'r dronwysgyd ola	na fil nganin saing i gang metag gang l		Taylo			
0012					CHIP	layio			
			Yh a						
			t de la company de la comp						
	and assume the same assumble to the comprehension of the comprehension o	t til til stillheller hallskjer hag skyrk elle anskylvyr mar yr sylvygynnheid skultumbugsyjenely.							
COMMEN	TS: NEW					_			
		is applyi	ng for nev	w lice:	nse 1	under t	heir ne	w name.	
PPRBD LICENSIN	NG	FIRE							

Phone: 719-327-2887

Fax: 719-327-2626

Phone: 719-385-5982

Fax: 719-385-7330

Email: Licensing@pprbd.org

Email: Fireconstructionservices@springsgov.com

PIKES PEAK REGIONAL BUILDING DEPARMENT

FSC-H

☐ FSC-M

Fire Suppression Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

☐ FSC-D

RBD USE ONLY Date -Initial < Receipt # 54 RBD#

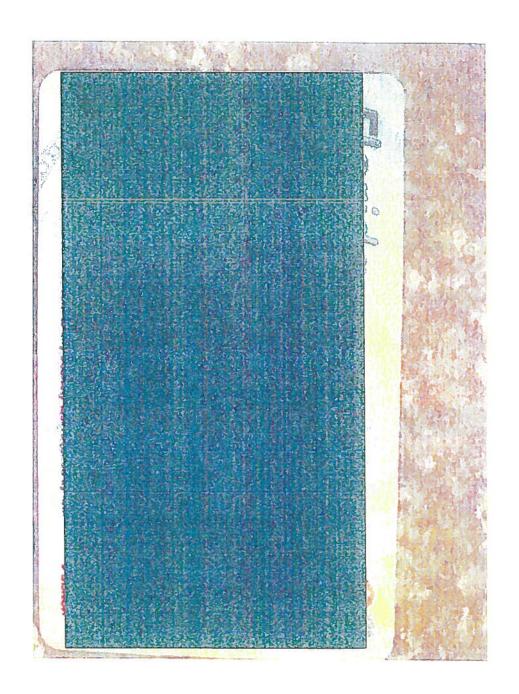
FIRE SUPPRESSION CONTRACTOR LICENSE REQUESTED (Check one) ☐ FSC-C

FSC-A

∄ FSC-B

Business (nionnetion
Type of Entity (Check one) ☐ Individual ☐ Partner	ship 🗆 Corporation 🖾 LLC
Business Name: Pye-Barker Fire & Safety LLc (The business name is the name that will appear on the license and i	s the actual name under which the contracting business will operate.)
Federal Employer Identification Number: 81-288374	•
Business Address: 942 Elkton Dr	
Street Address	Apartment/Unit #
Colorado Springs	Colorado 80907
City	State ZIP Code
Business Phone: 719-392-1122	Business Email: flaggc@pyebarkerfire.com
Business Fax: 303-294-0710	Pyebarkerfire.com
Company's Principal Officers, Partners, or Name: Name: Name: 1. Number of years the company has o 2. What is the company's area of specific spe	233 4244 233 4244 78 I products
Type of work performed? (Check one or bonn	ential ☑ Commercial
3. Has the company ever been named in or responsible and/or claims against them in which the company was	e for any enteres atisfied judgments, liens.
	action court case? 🗆 Yes 🗷 No If yes, Explain
5. Has the company ever declared bankruptcy? ☐ Yes	☑ No If yes, Explain
	evoked? □ Yes ☑ No If yes, Explain
7. Has the company ever defaulted on a contract?	

ि । विवासितिको (धवासक्रिक्षाक्रिक्षाक्रिक्षाक्रिक्षाक्रिक्षाक्रिक्षाक्रिक्षाक्रिक्षाक्रिक्षाक्रिक्षा
1. Project Street Address: MARKINGAN ASSET COPP 1990 APROV COPP DR. PRUSHOLING
Type of work (check one) □ Residential □Commercial
Cost: BOOO Date: ANNUAL Your position: LICENSE HOUDER
Describe Job in detail: INSPECTION AND STRUCEFUR BRIEFLCKEETE SHUPPIN
2. Project Street Address: 5812 MAGELLAN WAY, MARINOR'S CROSSING
Type of work (check one) □ Residential □Commercial
Cost: 13,000 Date: 1114/2017 Your position: LICENSE HOUSER
Describe Job in detail: PESTORE 3 SPRINKLER SYSTEMS AFTER CAR FIRE SET BULLDING ON PIPE.
3. Project Street Address: BELLET HOKIZONS, 2352 SOHI DENE, DUKUMAN NC
Type of work (check one) ☐ Residential ☐Commercial
Cost: 26,000 Date: 8/29/18 Your position: LICENSE HOUSER
Describe Job in detail: BRING DC 8" BACKFROW OUT OF PIT ABOVE GROWNS IN STALL NEWS" RPZBACK FLOW.
4. Project Street Address: 18 100 16 DAVE, 19 REGIONAL DELVE, PINEHURST NC
Type of work (check one) ☐ Residential ☐Commercial
Cost: 1865 Date: 11/16/17 Your position: LICESE HOLDLYL
Describe Job in detail: PREFORM 5 YEAR INSPECTION AND PEPLACE DUR COMPRESSOR FOR FIRE SYSTEM.
5. Project Street Address: 55AFB, GOLDSISSICO NC
Type of work (check one) ☐ Residential ☐Commercial
Cost: 10,000 Date: 41112018 Your position: License House
Describe Job in detail: Demote From Site 750 GOUDNE OF FORM AFFF, DVE TO HAM GER DEMO C ALREFORGE BASE. CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made. Print Name and title (owner, principal or manager) GEORGE T MALAR CHILL Signature: Manager Date: 44449
Land Great 4-16-19



Power of Attorney

Know All Men by These Presents: that the undersigned does hereby make, constitute and appoint

Name:

Louis Greway

Address:

1294 S. Inca Street

Denver, CO 80223

The true and lawful attorney-in-fact for Pye-Barker Fire & Safety, LLC and in the name, place and stead of the corporation, to make and execute the assignments of or applications for vehicle Certificates of Title and other documents of registration or licensing.

And granting to the said attorney-in-fact full authority to do and perform all and every act and thing whatsoever requisite, necessary and proper to be done in and about the premises as fully and to all intents and purposes as the undersigned might or could do with full power of substitution and revocation hereby ratifying and confirming all that said attorney or his substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, the undersigned has caused his name to be subscribed hereto on this 28th Day of March 2018.

Pye-Barker Fire & Safety, LLC

Signature of person giving power of attorney

Barton A. Proctor, President Printed name and title

Notary Public Signature

Printed name of notary

66

Responsible Managing Employee ((RME) lintormation 2 to a 17 mark to 17 mark t								
Legal Name: MALAP	CHIK	GEOPGIE	T					
Last		First	M.I.					
Date of Birth: 417	1969 so	cial Security Number	r: [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]					
Address: 2220 M	NEADOWHILL E	2 D						
Street Address Apartment/Unit #								
MINGUOH	1-SALEM	NC	27106					
City		State	ZIP Code					
Phone: 919-628 -3	3374 Fax: 919	-779-4014	Email: MALANCHIKG PYEBAKEFI					
1. What is your area of expe	ertise in the industry? Fu	le protection	DESIGN INSPECTIONS					
2. How long have you worke	ed in the industry? 29	YEARS						
3. What is your affiliation w	vith the company? (Owner, p	partner, employee, e	etc.) EM POYEE					
4. Have you ever been conv	ricted of a misdemeanor or	felony? 🗆 Yes 🗹 No	If yes, Explain					
5. Have you had a license s	uspended or revoked? Yes	s II No If yes, Explain	n					
6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ✓ Yes □ No								
	Certifi	cations ()	#2616 Constant Million Constant					
NICET #		CET Level	Expires					
127305	3 DESIG	N 3 INSPET	11 01 2021					
P.E. #		Issued	Expires					
D.O.T. #		Issued	Expires					
Europe State of Grand	Work	History						
Company	Position	То	From					
PYEBARNER	UCENSE HOLDER	2017	CALLERY					
WOLVERINE DESIGN		2008	2009					
FESS UCENSE HOUSER		2005	2008					
Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked. Print name & title (RME): GEORGE T MALARCHUR C.E.T								
Signature of (RME): Seary & Walanchell Date: 3/20/2019								

		· Land to the land to the land	iama a monuta				
Legal Na	ame: Carnahan		Raymond		在 地位于1000年	"是不是")	
	Las	t		First			M.I.
Date of	Birth: 09/11/1962)	Social Secur	ity Number:			
Address	. 1006 Palaci	o View			10	04	
		t Address			Apartme	nt/Unit#	
	Colorado Sp	orings		Colo		809	910
	City				State		ZIP Code
Phone:	719-233-42		303-294-071			anr@pyeba	rkerfie.com
1. What	is your area of ex	pertise in the indust	_{ry?} all phases	of fire s	afety		
2. How	long have you wor	ked in the industry?¿	3 5years				
3. What	is your affiliation	with the company?	Owner, partner, e	mployee, et	manag	ger	
4. Have	you ever been cor	nvicted of a misdem	eanor or felony? 🗆	Yes ☑ No If	yes, Explain		
5. Have	you had a license	suspended or revoke	ed? □ Yes ☑ No If	yes, Explain			
qualifyi	ng individual, perf	or proper workmans orm one or more of	these duties? 🛭 Ye	es 🗆 No			
	P.E. #		Issued			xpires	
	D.O.T. #		Issued	Issued Expires			
				1			
ALL STATE							
	Company	Position		То		From	
RockY	mnt fire	manager	2006		2002		
Sentry		service tech	2006		2012	h	
Fire In	spections Plus	manger	2012		prese	nt	
Departr authoriz informa may der	nent requires all p ze Pikes Peak Regi ation provided on t ny me a license af	wing declaration is ersons seeking a lice onal Building Depart his application. I agiter reviewing my Crinse granted to me is	ense to undergo a ment to perform a ree and understan minal Background a automatically rev	Criminal Bac Criminal Bad Pikes Peak Check. If an Joked.	kground Chec ackground Che Regional Bui By information	ck. I hereb eck utilizi lding Depa	oy ng artment
	ame & title (Licens	ee): Kaymond	Carnahan	Mange		4/1	2/2019
-	re of (Licensee): _	TAKING THE STREET	311			ate:	
F-10	in Surficient dink	- एता विस्तृतिक दिवानी कर्म	TOTAL PROPERTY.	Melate Rough Ave	CALL OF THE STATE OF	HALL STOLKER	(A)(D/S-P-III)



4-15-2019

Pikes Peak Regional Building Dept. 2880 International Circle Colorado Springs, Colorado 80910

RE: Application for FSC-A Fire suppression

To Whom It May Concern:

This letter is to attest that George Malachik , our RME for Fire Suppression is a full time employee of Pye-Barker Fire & Safety LLC .

Sincerely

Louis R Greway, Manger Pye-Baker Fire & Safety LLC

Off: 303-294-0708 Cell 720-271-0966

> 400 NO RT HWF NDS CENTER 11605 HAYNES BRIDGE RD STE 350 ALPHARETTA, GA 30009 (678) 281-6143 toll free (800) 927-8610

> > 3 Acceptable stitle com-



IN ENGINEERING TECHNOLOGIES® NATIONAL INSTITUTE FOR CERTIFICATION

Providing Certification Programs Since 1961

BE IT KNOWN THAT

George I Malarchik

IS HEREBY AWARDED CERTIFICATION AT

LEVEL III

IN FIRE PROTECTION ENGINEERING TECHNOLOGY WATER-BASED SYSTEMS LAYOUT

EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE. BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,

Certification Valid through November 1, 2021

CERTIFICATION NUMBER 127305

JA N

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS



IN ENGINEERING TECHNOLOGIES® NATIONAL INSTITUTE FOR CERTIFICATION

Providing Certification Programs Since 1961

BE IT KNOWN THAT

George I Malarchik

IS HEREBY AWARDED CERTIFICATION AT

LEVEL III

IN FIRE PROTECTION ENGINEERING TECHNOLOGY INSPECTION AND TESTING OF WATER-BASED SYSTEMS

EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE

BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE

Certification Valid through November 1, 2021

CERTIFICATION NUMBER 127305

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS

George Malarchik

Service / Sales / Design Manager / Sr Sprinkler Engineer

Cary, NC 27518 gmalarchik@me.com - 919-628-3374

Seeking a new opportunity in Fire Protection Management utilizing my Level III Nicet licenses in two disciplines along with my proficiency in estimating, design, & management experience. Nicet Level 1 Fire Alarm Inspections. Authorized to work in the US for any employer

WORK EXPERIENCE

Master License Holder - Fire Sprinkler Design, Install, Service and Inspections.

Pye Barker Fire and Safety.

Run and Manage 30 inspectors and service crew members in NC and SC

Design and Install projects under 100k with 3 install crews.

Management of Backflow Testing and Inspections.

Bridgestone, Firestone, Goodyear, Cargill, Duke University. Some of the bigger clients I have handled over the years.

Sr Designer

Wolverine Fire Protection Compnay. - Las Vegas, NV - June 2016 to December 2016 Designed Fire Sprinkler systems for LAX Airport in LA C.A., SanFrancisco Airport, Google and Local Jobs in Las Vegas. 3D BIM 360 GLUE and Navis Works Manage 3d Bim Coordination

Project Manager / Engineer.

Virginia Sprinkler Company. "VSC" - Raleigh, NC - April 2016 to June 2016 Responsibilities Design fire sprinkler systems Stock listing systems Field Surveys Help on Take offs for Sales Quotes Project Management from Takeoff though Design to Install. Skills Used SprinkCAD AutoCAD Excel Word

License Holder / Sales Manager / Engineer

Commercial Services, Inc. - Morrisville, NC - 2013 to 2016

Responsibilities:

I started the Fire Sprinkler business for Commercial services, at first selling, designing, Inspections, back flow testing and installing all the work individually for 6 months with help from the companies employees in the Hood Suppression side.

Set up and requisitioned all tools and materials required for set up of the Sprinkler Trucks.

Sold, Implemented, Managed a 7000 Domestic Irrigation back flow testing program, from selling the project to management and Tablet Software Integration with Data input on back flow test reports. 5 year contract. Bid contract work, service work, deficiencies from NFPA 25 inspections.

Bid corporate inspections and stand-alone companies.

Designed all Sprinkler work

Scheduled man power for jobs.

Managed to meet Quarterly Sales quotas every quarter for 4 years.

Fire Protection Designer/Inspections/Service Manager

NC and SC - June 2012 to March 2013

Piedmont Fire Protection as the Service/Inspection/Small contract Manager. 02/14/2012 08/12/2012

Skills & Proficient in all tasks involving fire sprinkler design

Responsibilities including; pricing, estimating, fabrication installation and project management.

Design & Install wet-pipe, system layout, dry chemical, pre-action, foam systems, fire pumps etc.

- · Manage water demand analysis and hydraulic calculations.
- · Perform inspections of water based systems.
- Project Design, budget, & cost estimates for Government, Military, Educational, Industrial, & Commercial buildings.
- · Review prints and product data for engineering job approval.
- Water storage tanks
- FM 200.
- · Excellent communication and writing skills.
- Operation of heavy equipment, back hoes, tractors, dump trucks, boom lifts.
- · Underground Repairs, Inspections and sales.

Earning my NICET Level 3 for Inspections.

Lead Inspector

 Fire Life Safety America. 6/10/2010 - 2/10/2012 - Raleigh, NC - June 2010 to October 2012 Responsibilities

Preforming Inspections on 90+ Building at DUKE University in Durham NC.

Accomplishments

Ensured the Flow Switches on the Dorms where working fully after finding most of them where not wired or bypassed.

Finding an FDC on top of a Building instead of a Roof Hydrant. when I opened the valve to test the valves on the roof no water come out. so I shut the water off and removed the second cap to find a Swing Check. This was replaced shortly after.

A good man Jim Longest from an old company Automatic sprinkler told me and others during a training session "It has not been inspected until I have inspected it" no matter how old the building or site is. if you keep this in mind and inspect like its the first time every time you step foot on a inspection you have not personally been before you will find things that will amaze you. and keep in mind sites you been to already can change from other companies doing work there during the year. never take for granted that a site has not changed. Skills Used

Common Sense and NFPA 25

Fire Sprinkler Design Manager

PDC Engineering - Raleigh, NC - 2005 to 2010

Responsibilities

Designed over 100 High, Middle, Elementary Schools for the State of NC.

This work included Hospitals and Industrial projects.

Fire Protection systems with Fire Pumps, Water Towers and Underground.

- Write Job Specifications for Division 21 and 1500 style specifications.
- · Submittal process for State Construction and the Department of Insurance.

Accomplishments

I earned my NICET Level 3 on my own while working for this PME Engineering Firm also earning my NICET Level 2 at the same time for Inspections and Testing of water based systems.

Earning my NC and SC Contractors License in 2010.

Skills Used

HydraCADD, HydraList, HydraCALC. AutoCADD, TOLCO Seismic design software.

Service Tech

SimplexGrinnell - Raleigh, NC - August 2001 to May 2005 service and small contract foremen.

US Navy Reserve - Damage Control Fire Fighting.

United States Navy - Treasure Island, CA - April 1998 to May 2001 Graduated with Honors. Served on board the USS Thomas C Hart. FF-1092 Persian Gulf Vet.

Visit my Linked in Page.

SKILLS

HydraCAD (5 years), AutoSPRINK (6 years), AutoCAD (10+ years), SprinkCAD (5 years), ProCAD (1 year), Navis works Manage (3 years), Bim 360 GLUE (1 year)

MILITARY SERVICE

Service Country: United States

Branch: USNR Rank: E-3 AWARDS

Certificate of Merit USN

May 1988

For Graduating with 97 or above grade average in Damage Control A School.

CERTIFICATIONS/LICENSES

NICET III

May 1995 to December 2021

Design of water based fire sprinkler systems.

NICET III

August 2010 to December 2021

Inspections and Testing of Water Based systems.

NICETI

Fire Alarm Inspections - Current to Dec 2021

NC Sprinkler Contractors License

Current. To 2021

SC Sprinkler Contractors License

Current To 2021

Back Flow Prevention.

December 2021

Have kept this updated for 11+ years.

Charolette, Winston Salem, Fayetteville, Raleigh, Durham, Cary, Greensboro and Mooresville.

GROUPS

SFPE

May 2005 to Present

Society of Fire Protection Engineers NC Chapter

ASPE

Joined after obtaining my NICET Level 3 for Design while employed at PDC Engineering. My Mentor and Boss Hank Homani P.E. was a Engineering Professor at NC State such a joy to work with Hank the last few years before he retired.

STATE OF COLORADO Division of Pius Pisvention and Conicol



19-5-64101

Be It Known That
Pye Barker Fire & Safety Inc.
Brad Reading Sprinkler Fitter-RME
Has Successfully Completed All Requirements
to Become Registered
Fire Suppression Systems Contractor

Issued On January 1, 2019

Expiring On, Unless Earlier Revoked

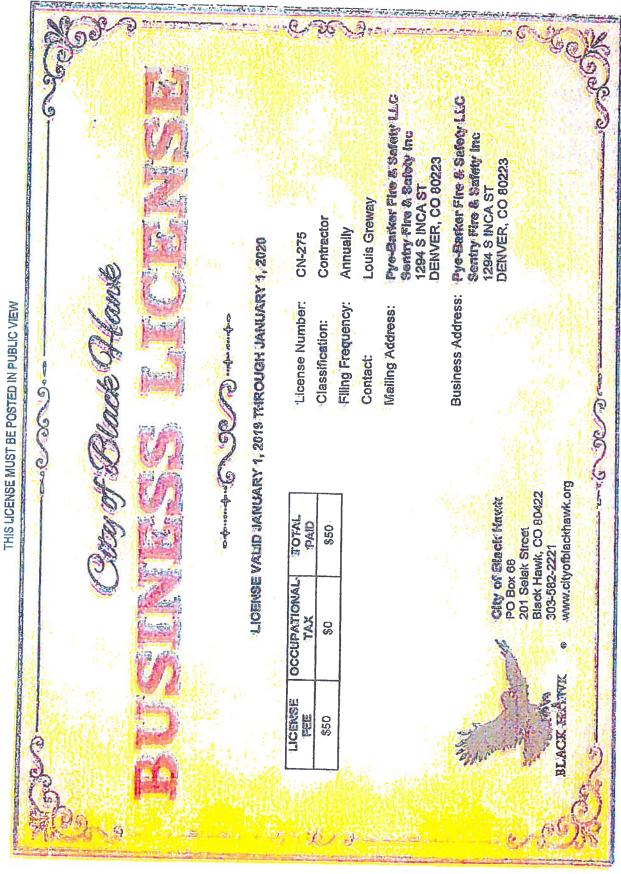
December 31, 2019

In Accordance With

8 CCR 1507-11

Fire & Life Safety Section Division of Fire Prevention & Control 700 Kinling Street, Suite 4100 Denver, CO 80215 Mike Morgan, Director





OPERATING A BUSINESS WITHOUT A LICENSE IS SUBJECT TO CIVIL ACTIONS AND PENALTIES

City and County of Denver Community Planning and Development www.denvergov.org/contractor_licensing

License/Ragistration-Number: Expiration Date: 04/30/2021 License Type: Electrical Signal

11022454

Issued To:

By Authority of the Executive Director of Community Planning and Davelopment

PYE-BARKER FIRE &SAFETY LLC 1294 SINCAST **DENVER, CO 80223**

> Amount \$75,00 \$75,00 \$75,00

Fund/Org/Revenue Code 01010-0141140-352900 01010-0141140-352900 01010-0141200-352900

Payment Data 12/14/2001 12/26/2002

01/13/2004

Status Pald Paid Pald

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on

Renewal information is available at www.denvargov.org/Contractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection:

- √ Permit number
- √ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501 inspections are performed Monday through Friday.

Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.

Cut on outside of line, then fold in half.

City and County of Denver

IDENTIFICATION CARD ..

License/Registration No.

This is to cartify that PYE-BARKER FIRE &SAFETY LLC has been Issued a Electrical Signal license in the City and County of Denver, beginning on 13 January 2004 and ending on 30 Apr 2021, unless license is revoked.

> By Authority of the Executive Director of Community Planning and Davelopment

City and County of Denver Community Planning and Development 201 W COLFAX AVE DEPT 205 DENVER, COLORADO 80202



Licenses & Certificales: Permit Counter:

Inspection Administration: Automated Inspection Request: 720.865,2770 720.865.2705

720,865,2505 720,865,2501

LIC. 100 (4/100), CPDA

THE HERMAN HELLER HELLER

City and County of Denver

 Community Planning and Davelopment www.denvergov.org/contractor_licensing License/Registration Number:
Expiration Date: 02/28/2021
License Type: Fire Pro A

LIC7292

Issued To:

By Authority of the Executive Director of Community Planning and Development

PYE-BARKER FIRE & SAFETY LLC 1294 S.INCA ST DENVER, CO 80223

> Amount Fund/Org/Revenus Code \$75.00 01010-0141140-355600 \$80.00 01010-0141200-355600 \$75.00 01010-0141140-355600

Payment Date 17 ans # 01/24/2001 01005992 02/08/2011 11011041 12/14/2001, 01166211

Status Paid Paid Paid

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on

Renewal information is available at www.denvergov.org/Contractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection:

√ Permit number

√ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501 Inspections are performed Monday through Friday.

· Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.

Cut on outside of line, then fold in half.

City and County of Denver

IDENTIFICATION CARD

City and County of Denver
Community Planning and Development
201 W COLFAX AVE DEFT 205
DENVER, COLORADO 80202

License/Registration

LIC7292

No.

This is to certify that FYE-BARKER FIRE & SAFETY LLC has been lesued a Fire Pro A license in the City and County of Denver, beginning on 14 December 2001 and ending on 28 Feb 2021, unless license is revoked.

By Authority of the Executive Director of Community Planning and Development

DENVER PRE ANGELON

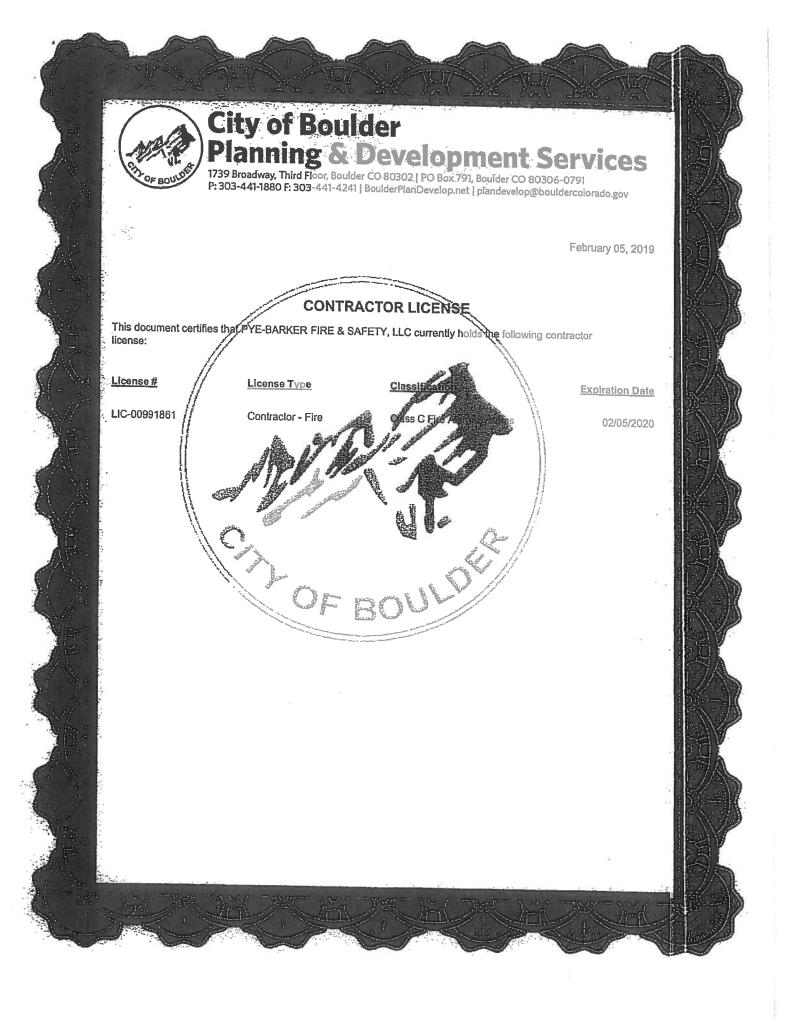
Licenses & Certificates: Permit Counter: Inspection Administration:

Automated Inspection Request:

720,865,2770 720,865,2705 720,865,2505 720,865,2501

LIC: 100 (4/100).CPDA

THE PARTICULAR PRINT TO SEE





City and County of Broomfield One DesCombes Drive Broomfield, Colorado 80020

Contractor's License

No: OL-20-13355 **PYE BARKER FIRE & SAFETY INC**

1294 S INCA ST DENVER, CO 80223

License Type: GenC

This registration/license duly recognizes the above mentioned as meeting Broomfield Municipal Code, Title 15 requirements for registration/licensure as a contractor in the City and County of Broomfield for the term set forth. This registration may be revoked, suspended, or denied for cause in accordance with BMC Title 15.

Effective Date: 04/04/2019 Expiration Date: 04/03/2020

Timothy Pate, Chief Building Offical

Contractor Wallet ID Card Cut on outside line and fold to fit.

Issued to:PYE BARKER FIRE & SAFETY INC

Address:1294 S INCA ST

DENVER, CO 80223

License No.:OL-20-13355

This registration/license duly recognizes the above mentioned as meeting Broomfield Municipal Code, Tills 15 requirements for registration/licensum contractor in the City and County of Broomfield for the term set forth. This registration may be revoked, suspended, or denied for cause in accordant MMC Titls 15.

Effective Date: 04/04/2019 Expiration Date: 04/03/2020

> Timothy Pate Chief Building Offical

Information needed to request an inspection:

- >> Permit Number
- >> Address of Inspection
- >> Type of Inspection
- >> Date of Requested Inspection
- >> Name and phone number of person requesting inspection

City and County of Broomfield

One DesCombes Drive Broomfield, CO 80020

Inspection Line: **Building Division:**

303.438.6376 303.438.6370

Fax:

303.438.6207



CERTIFICATE OF LIABILITY INSURANCE

DATE (M%/DD/YYYY)
04/16/19

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Aon Risk Services, Inc of Florida				NAME:	: Aon Risi	k Services, Inc	of Florida			
1001 Brickell Bay Drive, Suite #1100 Miami, FL 33131-4937				PHONE (A/C, No, Ext): 800-743-8130 (A/C, No): 800-522-7514						
				ADDRE		I.Center@Aon.	com	11-0, 110, 000-	22-101-	
						R(S) AFFORDING				NAIC #
				INSUR	ERA: New Hamp					
INSURED				INSUR						23841
ADP TotalSource FL XVIII, Inc. 10200 Sunset Driva				INSUR					-	
Miami, FL 33173 ALTERNATE EMPLOYER				INSUR						
Pye-Barker Fire & Safety, LLC				INSUR						
200 Macy Drive Alpharetta, GA 30076				INSUR					-	
COVERAGES	(FRT	IFICATE NUMBER: 2239		ERF.		DEM	CLONI BUILDANI		
THIS IS TO CERTIFY THAT THE POLICIE	S OF	INSUE	RANCE LISTED BELOW HA	VE BEEN	ISSUED TO T	THE INCLIDED	MANED ADO	SION NUMBE	2011011	
CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCI	PER	I AIN.	THE INSURANCE AFFORD	FD RY 1	HE POLICIES	DESCRIBED I	HEREIN IS S	UBJECT TO A	L THE	TERMS.
HNSKQ TYPE OF INCHDANCE	JADDL	ISUBR		BEEN K	POLICY EFF	POLICY EXP	LIMITS	SHOWN ARE A	SREQU	ESTED.
LIK	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)			LIMITS		
COMMERCIAL GENERAL LIABILITY							EACH OCCUP		\$	
CLAIMS-MADE OCCUR						l li	DAMAGE TO R PREMISES (Ea	ENTED occurrence)	s	
							MED EXP (An		s	
							PERSONAL &	ADV INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AG	GREGATE	S	
POLICY PROJECT LOC					1		PRODUCTS -	COMP/OP AGG	\$	
OTHER									\$	
AUTOMOBILE LIABILITY							COMBINED S (Ea accident)	INGLE LIMIT	5	
ANY AUTO							BODILY INJUI	RY (Per person)	3	
OWNED SCHEDULED AUTOS ONLY								RY (Per accident)	\$	
HIRED NON-OWNED AUTOS ONLY							PROPERTY D	AMAGE		
AOTOS GNET							(Per accident)		\$	
UMBRELLA LIAB OCCUR									\$	
EXCESS LIAB CLAIMS-MADE							EACH OCCUR		\$	
DEC RETENTION \$	i						AGGREGATE		\$	
WORKERS COMPENSATION							y PER	ОТН-		
A AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE			WC 047014227 CO		11/06/18	07/01/19	X PER STATUT	E ER		
OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH AC	CIDENT	\$	2,000,000
(Mandatory in NH) If yes, describe under]						E.L. DISEASE	- EA EMPLOYEE	\$	2,000,000
DESCRIPTION OF OPERATIONS below		-					E.L. DISEASE	- POLICY LIMIT	\$	2,000,000
1 1	1									
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (ACO	RD 101, Additional Remarks Sch	redule, ma	v be attached if r	nore space is red	puired)		_	
See attached Certificate Holder Cancellation Notice										
All worksite employees working for PYE-BARKER FIR an alternate employer under this policy	L a am		LC, paid trider ADP TOTALSOUR	KCE, INC 'S	payroll, are cover	ed under the abov	e stated policy	PYE-BARKER FIF	E & SAFE	TY, LLC is
1										
CERTIFICATE HOLDER				CANC	ELLATION					
				S CH						
Pikes Peak Regional Building Department				SHOUL	D ANY OF THE	ABOVE DESC	RIBED POLI	ICIES BE CANC	ELLED	BEFORE
2580 International Circle Colorado Springs, CO 80910				ACCOR	EXPIRATION DELICATION DELICATION DE LE CONTROL DE LA CONTR	THE POLICY P	OF, NOTICI	E WILL BE	DELIVE	RED IN
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				ACCOR	WILLIAM THE STREET	L FULICY P	WANDIONS.			
				UTHORIZ	ED REPRESENTA	ATIVE				
1										
					Ron	Rish Ro	zvicas.	Incof of l	ozida	

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/12/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC	CONTACT NAME:	
2301 Sugar Bush Road	PHONE (A/C, No, Ext): 919-788-7171 FAX (A/C, No): 919-	782-1841
Suite 600 Raleigh NC 27612	ADDRESS: Certificates@MarshiMMA.com	
Talogi 110 27012	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED	INSURER A: Everest Indemnity Insurance Company	10851
Pye-Barker Fire & Safety, LLC*	INSURER B: Depositors Insurance Company	42587
PO Box 69 Roswell, GA, 30077	INSURER c: National Union Fire Ins Co PittsburghPA	19445
11605 Haynes Bridge Rd, Ste 350 Alpharetta GA 30077	INSURER D : Nationwide Mutual Insurance Company	23787
Alpharetta GA 30077	INSURER E: Aspen American Insurance Company	43460
	INSURER F: Evanston Insurance Company	35378

COVERAGES

CERTIFICATE NUMBER: 1176231469

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH BOLICIES.

MICH	CLUSIONS AND CONDITIONS OF SUCH	POLICIES	LIMITS SHOWN MAY HAVE BEEN	REDUCED BY	Paid Claims.		
INSR		ADDL SUBI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
А	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	:	51GL0034900191	1/1/2019	1/1/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 50,000
	X Contractual Liab					MED EXP (Any one person)	\$ 5,000
	XCU Included					PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO- OTHER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
8	AUTOMOBILE LIABILITY		BAPD3028192010	41410040	4/4/0000	COMBINED SINGLE LIMIT	\$
	X ANY AUTO		BAF D302B 1923 10	1/1/2019	1/1/2020	(Ea accident)	\$ 1,000,000
	OWNED SCHEDULED					BODILY INJURY (Per person)	\$
	AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
Δ.							\$
Ā	X EXCESS LIAB X OCCUR		51CC001080191 CX00AD619	1/1/2019 1/1/2019	1/1/2020 1/1/2020	EACH OCCURRENCE	\$ 10,000,000
	CLAIMS-MADE			1, 1, 2, 1, 1		AGGREGATE	\$ 10,000,000
	DED RETENTIONS					Excess Liability	\$20,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		İ			X PER OTH-	
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
- 1	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	S
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	S
FDC	Professional/Pollution Leased/Rented Equipment Fidelity		MMAENV001290 CIM3028192010 061813109	1/1/2019 1/1/2019 1/1/2019	1/1/2020 1/1/2020 1/1/2020	\$1,000,000 Limit \$100,000 \$2,000,000	per item per loss

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
**DBA's: PB Parent; LLC, Lanstar, LLC; Pye-Barker Holdco, LLC; DBA A.A.C. United Fire & Safety Equipment, Inc.; DBA Accurate Fire Protection, Inc.; DBA Accurate Fire Protection, Inc.; DBA Advanced Fire Extinguishers & Safety Equipment; DBA Allstate Fire Protection, Inc.; DBA American Fire & Safety; DBA BRS Holdings LLC; DBA Commercial Fire Equipment Company; DBA D&C Fire Protection; DBA Dekalb Fire Protection Services, Inc. dba Georgia Fire; DBA East Coast Fire Equipment, Inc.; DBA Fire Boss, Inc. d/b/a Dragon Fire Systems; DBA Fire Inspections Plus; DBA Fire X Services, LLC; DBA Innovative Electronic Control Systems Inc.; DBA Integrity Fire & Safety; DBA Lester King Fire and Safety Equipment, Inc.; DBA Metro Fire & Safety, Inc.; DBA Myttle Beach Fire Safety Group; DBA Pro Fire Extinguishment, Inc.; DBA Pye Barker Industrial Cleaning, LLC; DBA Reliable Alarm Technology and Equipment, Inc.; DBA Reliable Fire & Safety Equipment Company, Inc.; DBA Sentry Fire & Safety; DBA South Carolina Safety Co.; DBA Suncoast Fire Safety; DBA Tampa Bay Fire Equipment; DBA Tanner Fire & Safety Equipment, Inc.

CERTIFICATE HOLDER	CANCELLATION
Pikes Peak Regional Building Department 2880 International Circle	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Colorado Springs CO 80910	Latyr gode Wood
	0.4000 4045 40450

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Pve-Barker Fire & Safety, LLC

is an entity formed or registered under the law of South Carolina, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181878415.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/04/2018 that have been posted, and by documents delivered to this office electronically through 12/05/2018 @ 10:00:27.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/05/2018 @ 10:00:27 in accordance with applicable law. This certificate is assigned Confirmation Number 11260518



Secretary of State of the State of Colorado

Notice. A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sex.state.co.us/biz/Certificate/SearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle Colorado Springs, Colorado 80910 Website: http://www.pprbd.org

Follow us on social media

Invoice

facebook.com/PPRegionalBuilding/

4/18/2019 9:14:37 AM (SABRINA)

@PPRBD

Receipt #: 1591361

@ppregionalbuilding

Customer: PYE-BARKER FIRE & SAFETY, LLC

Transaction Summary

		Tanoaution Dantinat		
Account	Description		Reference	Amount
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00

Total Due: \$200.00

Payment Summary

Account	Description	Reference	Amount
9801-55200	COLLECTION, CHECK	1125	\$50.00
9801-55200	COLLECTION, CHECK	1127	\$50.00
9801-55200	COLLECTION, CHECK	1129	\$50.00
9801-55200	COLLECTION, CHECK	1131	\$50.00

Total Tendered: \$200.00

Comment:



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY	NAME: Empire	Fire & Safet	y, Inc.					
PRINCIPA			LICEN	ISE HOL	DER:	Dave Walk	cer	
RME: Dav	ve Walker		RECO	WMEND:				
] DISAPPRO	DVAL
				DATE	4/:	17/19		
LICENSE A	PPLYING FOR:							
FSC-A	FSC-B	FSC-C	FSC-D	FSC	-Н	FSC-M	FAC-A	FAC B
FAI	FSI	FSI-L	FST-B	FST	-C	FST-D	FH	Γ
	PPRBD	INFORMATI	ION		1	NAME	D	ATE
RECEIV	ED BY PPRBD					Rose	4-1-	-2019
CRIMIN.	AL BACKGROU	ND CHECK				Rose	4-1	-2019
SENT TO	O FIRE					Rose	4-1	-2019
11	DE.	PARTMENT				NAME		ATE
CSFD					Chip	Taylor	4/16/	19

							12	
COMM	ENTS: New R	enewal of	license	that e	xpir	ed 12/3	1/17	
								:

PPRBD LICENSING

Phone: 719-327-2887 Fax: 719-327-2626 FIRE

Phone: 719-385-5982 Fax: 719-385-7330

Email: Licensing@pprbd.org

Email: Fireconstructionservices@springsgov.com

PIKES PEAK REGIONAL BUILDING DEPARMENT

Fire Suppression Contractor License Application

FIRE SUPPRESSION CONTRACTOR LICENSE REQUESTED (Check one)

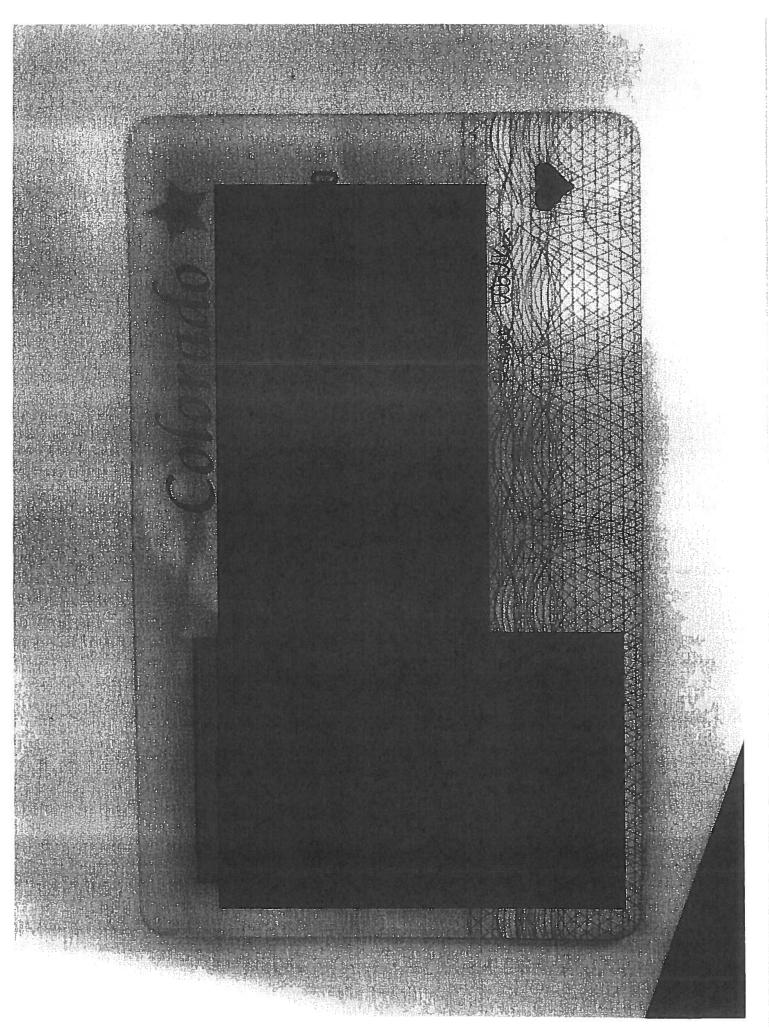
It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

RBD USE ONLY Date Initial Receipt # RBD #

☐ FSC-A	Ø F9	SC-B	☐ FSC-C	☐ FSC-D	☐ FSC-H	[] FS	C-M	
是				Business Inf	ormation		ed and	
Type of En	ntity (Che	ck one)	☐ Individual	☐ Partnersh	ip 🛭 Corpo	oration		
-	s name is th	ne name tha		e license and is t		ınder which	the contractir	ng business will operate.)
Federal E	mployer I	dentifica	tion Number: _	20-40547	19			
Business A		40475	Irma Dr.#					
		Street Ac	ldress				Apartment/	
	_	Northg	lenn		CC			80233
		City			Stat			ZIP Code
Business F	hone:	303-4	51-0975		Business Ema	il: <u>dave</u>	walker@en	npirefiresafety.com
Business F	ax:3	303-92	0-9298	!	Business Web	site: en	pirefires	safety.com
	•		s, Partners, or				_	
Name:	ilia Wa	alker					Title: Pro	esident
Name:	Dave V	Valker					Title: Vic	e President
Name:							Title:	
1. Numbe	r of years	s the com	pany has opera	ated as a cont	ractor? (If ne	w, write	"new") 12	2
2. What is	s the com	pany's a	rea of specialti	es? Fire ex	xtinguishe	ers, ala	ırms, spr	inklers,hoods
			heck one or bo					d Commercial
3. Has the	e compan aims agai	y ever be inst them	een named in o in which the o	r responsible company was	for any enter the contracto	red and u or? □ Y	nsatisfied j es 🗹 No If y	udgments, liens, /es, Explain
4. Has the	e compan	y been a	defendant in a	collection a	tion court ca	ise? □ Ye	es 🗹 No If ye	es, Explain
5. Has the	e compan	y ever de	eclared bankru	ptcy? □ Yes 🛭	No If yes, E	xplain		
6. Has the	e compan	y ever ha	ad a license sus	spended or re	voked? Yes	i ☑ No If	yes, Explai	n
7. Has the	e compan	y ever de	efaulted on a c	ontract? 🗆 Y	es 🛭 No If ye	es, Explai	n	

Project History (List projects in which this company worked as the contractor.)
1. Project Street Address: 2305 Midway Blvd. Broomfield, Colorado 80020
Type of work (check one) ☐ Residential ☐ Commercial
Cost: 27,000.00 Date: 11/2018 Your position: Manager
Describe Job in detail: Installed systems in Prep Booth, Paint Booth & Mixing Room
2. Project Street Address: 1375 Interquest Pkwy. Colorado Springs, CO 80909
Type of work (check one) ☐ Residential
Cost: 4,500.00 Date: 11/2017 Your position: Manager
Describe Job in detail: Installed system in kitchen hood
3. Project Street Address: 3001 E Platte Ave. Colorado Springs, CO 80909
Type of work (check one) □ Residential ☑Commercial
Cost: 5,200.00 Date: 2/2017 Your position: Manager
Describe Job in detail: Installed system in Paint Booth
4. Project Street Address: 5725 Yukon St. Arvada, CO 80003
Type of work (check one) □ Residential □Commercial
Cost: 4,850.00 Date: 3/2018 Your position: Manager
Describe Job in detail: Installed system in kitchen hood
5. Project Street Address: 3940 S. Mariposa St. Englewood, CO 80110
Type of work (check one) □ Residential □Commercial
Cost: 5,650.00 Date: 4/2017 Your position: Manager
Describe Job in detail: Installed system in Paint Booth
CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.
Print Name and title (owner, principal or manager) Dave Walker
Signature: <u>Date:</u> 11/30/2018

			Licensee	Informatio	on			
Legal Na	me: Walker		Da	ve		1	٩.	
	Last				First	Discontinuo di		M.I.
Date of I	Birth: 11/11/1963	· · · · · · · · · · · · · · · · · · ·	Soc	cial Securi	ty Numbe	er:		
Address:	5 Avocet Circ	le						
	Street A	Address					Apartment/Unit #	
	Thornton				Color	ado	8	0241
Phone:	303-217-143	8 Fax:	303-92	20-9298	3	State Email:	davewalker@emp	ZIP Code irefiresafety.com
1. What	303-217-143 is your area of expe	ertise in the indu	stry? Fire	Exting	juishe	rs & Fi	re Suppre	ession
2. How l	ong have you worke	ed in the industry	, 31 ye	ars				
3. What	is your affiliation w	rith the company	? (Owner, p	oartner, er	mployee,	etc.) G	eneral Ma	anager
	you ever been conv							
	you had a license su							-
decision	g activities: supervi s, checking jobs for ng individual, perfor	proper workman	iship, or di if these du	rect super ties? 🛭 Ye	vision on			
TORRES!		SESSOR SESSOR	Certific	cations				经生产制造
	NICET #		NI	CET Level			Expires	
	P.E. #			Issued			Expires	
								0.0
	D.O.T. #		1	Issued	0.40	-	Expires	
	RIN 1274		Febru	ary 14, 20	018	Fel	oruary 14, 20	23
			Work	History		•		:
	Company	Positio	n		То		Fro	om
	Fire & Safety Inc				Present		200	
	Fire & Safety Mtn Fire & Safety	General Manag			2006 1998		199 198	
CERTIFIC Departm authoriz informat may den applicat	CATION (The follownent requires all per e Pikes Peak Region tion provided on thing by me a license after ion is untrue, license	ring declaration is rsons seeking a lic nal Building Depa is application. I a or reviewing my C se granted to me	s to be sign cense to un rtment to gree and un riminal Ba is automat	ned by the ndergo a C perform a nderstand ckground (tically revo	License Criminal E Criminal Pikes Pe Check. If oked.	Backgrour Backgroue Bak Region any infor	Peak Regional nd Check. I he and Check util nal Building De	Building reby izing epartment
	e of (Licensee):						Date: _1	1/30/2018
	nternational Circle,			Teleph	ione 719-	327-2887		9-327-2951



STATE OF COLORADO Division of Fire Prevention and Control



19-B-05499

Be It Known That

Empire Fire & Safety

Dave Walker-Principal

Has Successfully Completed All Requirements to Become Registered

Fire Suppression Systems Contractor - Backflow

Issued On January 1, 2019

Expiring On, Unless Earlier Revoked

December 31, 2019

In Accordance With 8 CCR 1507-11

Fire & Life Safety Section Division of Fire Prevention & Control 700 Kipling Street, Suite 4100 Denver, CO 80215 2/3/2/

Mike Morgan, Director



HAS SUCCESSING OVER COVER SANIE THIS IS TO CORNEW WHAT Exam Kitchen Protection Systems (KP) Certificate Certificate ID: f42a9ecf03b9cb1ca8bfb20e4b036285. on Empire Fire & Safety Inc Quality is Behind the Diamond. Dave Walker

David Rice - Instructor THE STOCKE IN THE STATE OF THE Exam Industrial Systems (IS) Certificate his certificate is nantrapsferable. Valid only to the company and attendee listed on this certificate. This certificate Certificate ID: b9d3fc91bbc6d24cebe551912d220ddF Empire Fire & Safety Inc. Quality is Behind the Diamond. Dave Walker

Pikes Peak Regional Building Department

Contractor Details - EMPIRE FIRE & SAFETY, INC.

Number of expired licenses: 1

This contractor has expired insurance or obligations.

Contractor Name	EMPIRE FIRE & SAFETY, INC.	1
	La production and the state of the second of	
Address	10475 IRMA DR, #17, NORTHGLENN, CO, 80233	
A TALL OF THE PARTY OF THE PART		
Phone	(303) 451-0975	
a construction of the control of]
Licensed Since	10/6/2006	1

Licenses: 4					Obligations: 4				
Licensee Name	Status	Department	License Type	Exp. Date	Туре	Agency	Reference #	Exp. Date	
DAVE WALKER	Active	Building	B-D-9C-FSC-C	10/31/2019	11	Dot	1274	2/14/2023	
DAVE WALKER	Active	Building	B-D-7A-FSC-A	10/31/2019	Liability	Lloyd's Of London	SPG018172	3/23/2019	
DAVE ALLEN WALKER	Admin Revoked	Building	B D-BB-FSC-B	12/31/2017	Workers Comp	New Hampshire Ins. Co	WC 047014227 CO	7/1/2019	
THOMAS W.	Active	Fire	F-B	10/31/2019	Nicet	Nicet (Alarm)	1458363 WILSON	9/1/2020	



DENVER

City and County of Denver Department of Safety Fire Department Fire Prevention Division

> 745 West Colfax Avenue Denver, Colorado 80204 p:720.973.3474 t: 720.913.3587

2019

Fire Protection-Sprinkler Installer License

Issued to: David Walker Expires: 12/31/2019

License:

Company Association:

119430

City and County of Denver / DFD

David Walker, having taken the City and County of Denver's Fire Protection-Sprinkler Installer training, which incorporates both national and City and County of Denver operating standards, and having successfully passed the associated examination, is hereby certified to serve as a Fire Protection-Sprinkler Installer in the City and County of Denver.

Manuel Almaguer, Chief

POST IN CONSPICUOUS PLACE

This license is valid for the calendar year which issued only. It is the licensee's responsibility to renew just prior to the expiration date. This license covers only those activities listed.

DAVE WALKER

5 Avocet Circle, Thornton, Colorado 80241 | H: 303-217-1438 | davewalker@empirefiresafety.com

SUMMARY

Customer-oriented General Manager with 31 years of experience in the fire protection industry.

Adaptive and deadline-oriented with capacity to execute and complete multiple projects in high-stress environments. Meticulous leader and strategic planner with comprehensive managerial acumen.

SKILLS

- Policy/program development
- Customer retention
- Inventory management
- Vendor relationships
- Performance improvements
- Team training and development
- Leadership and team building
- Profit and loss accountability
- Project management
- Cost analysis and savings
- · Purchasing and planning

EXPERIENCE

01/2006 to Current

General Manager

Empire Fire & Safety Inc. — Northglenn, CO

- Effectively communicated and analyzed issues with customers to provide satisfactory solutions.
- Created written plans and obtained customer consent to proceed.
- Upheld team productivity and quality objectives by setting and maintaining clear benchmarks for service.
- Hired, trained, developed and monitored performance of service department staff.
- Recruited, hired and mentored service department personnel.
- Collaborated with customers to discuss service needs and offer available solutions.
- Established and oversaw department budgets for expenditures, materials and labor.
- Defined department objectives and monitored performance.

03/1998 to 01/2006

General Manager

Aaron Fire & Safety — Denver, CO

Over saw

- Established and oversaw department budgets for expenditures, materials and labor.
- Effectively communicated and analyzed issues with customers to provide satisfactory solutions.
- Model expected customer service standards to promote customer satisfaction, loyalty and retention.
- Upheld team productivity and quality objectives by setting and maintaining clear benchmarks for service.
- Forecasted goals and objectives for the department and ensured

adherence.

- Defined department objectives and monitored performance.
- Recruited, hired and mentored service department personnel.
- Addressed order discrepancies and provided timely resolution.

07/1987 to 03/1998

Fire Extinguisher Manager

Rocky Mountain Fire & Safety — Commerce City, CO

Started off as a technician and went on to be the manager of the fire

extinguisher division.

EDUCATION AND TRAINING

2004

BBA: Business

University of Phoenix — Tempe, AZ

Associate of Applied Science: Digital Electronics Arapahoe Community College — Littleton, CO

1982

High School Diploma

Green Mountain High School — Lakewood, CO

CERTIFICATIONS

Denver Fire Sprinkler Installer License

Denver Fire Extinguisher License

Boulder Fire Sprinkler License

Ansul Fire Systems Certified

Amerex Fire Systems Certified

Member of AFSA



March 29, 2019

Pikes Peak Regional Building Department/ Colorado Springs Fire Department

Re; Letter of employment

To whom it may concern,

Please accept this letter as confirmation that Dave Walker is an exclusive full-time employee of Empire Fire & Safety. His job title is General Manager and he has been an employee since January of 2006.

If you have any questions please call 303.517-3507.

Respectfully,

Lilia Walker

Lilia Walker)

Owner

Empire Fire & Safety, Inc.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/22/2019

THIS CEPTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS

CE BE	ERTIFICATE DOES NOT AFFIRMATIVELOW. THIS CERTIFICATE OF INSUPERSENTATIVE OR PRODUCER, AN	ÆLY JRAN D THI	OR CE I	DOES NOT CONSTITUT RTIFICATE HOLDER.	EAC	ONTRACT E	ETWEEN TH	ie issuing insurer(s), AUT	HORIZED
IMI	PORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to s certificate does not confer rights to	an A	DDI	TIONAL INSURED, the p	e policy Ich end	y, certain po orsement(s)	licies may re	AL INSURED provisions equire an endorsement.	or be e	endorsed. ement on
PROD	UCER	_			CONTAC NAME:	Scott Ande	rson, CIC	TEAV		
	nmercial Risk Solutions 0 E. Hampden Ave., Ste. 200				(A/C, No.	Ext): 303-996	-7833	FAX (A/C, No): 3	03-757-	7719
	iver CO 80224				E-MAIL ADDRES	s: sandersor	n@crsdenver.	com		
						INS	URER(S) AFFOR	DING COVERAGE		NAIC#
_						INSURER A : Lloyd's of London				
INSUF	KED	MPIR-	3		INSURE	RB: Westfield	Insurance			24112
104	pire Fire & Safety, Inc. 75 Irma Drive, Unit 17				INSURER C:					
Nor	thglenn CO 80233				INSURE					
					INSURE					
	OFFI		A T-	AN IMPED: 405004 4502	INSURE	RF:		REVISION NUMBER:		
7711	HO TO CENTIFY THAT THE BOLICIES	OE IN	QUID	NUMBER: 1252214583	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR TH	E POLIC	Y PERIOD
INI CE EX	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F ICLUSIONS AND CONDITIONS OF SUCH I	QUIRE PERTA POLIC	IMEN IN, 1 IES. I	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT THE POLICIES REDUCED BY I	OR OTHER L S DESCRIBED PAID CLAIMS.	JOCUMENT WITH RESPEC	I IO W	HICH LHIS I
INSR	TYPE OF INSURANCE	ADDL S	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	1	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			SP2X180116		3/23/2019	3/23/2020	DAMAGE TO RENTED	\$ 1,000,0 \$ 100,00	
	X Pollution Llab &							MED EXP (Any one person)	\$ 5,000	
	X Profess'l incl	- 1						PERSONAL & ADV INJURY	\$ 1,000,0	000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,	000
	POLICY X PRO-				1			PRODUCTS - COMP/OP AGG	\$ 2,000,	
	OTHER:							Pollution COMBINED SINGLE LIMIT	\$\$,000,	
В	AUTOMOBILE LIABILITY			CWP9675593		3/23/2019	3/23/2020	(Ea accident)	\$ 1,000,	000
	X ANY AUTO SCHEDULED							BODILY INJURY (Per accident)		
	AUTOS ONLY AUTOS							PROPERTY DAMAGE	s	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)	s	
	V weeps talled V			SP2X180116		3/23/2019	3/23/2020			DCO
A	A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS MADE			372/100110		0/20/2010	0.20.2.0	AGGREGATE	\$2,000,	
	101								s	
<u> </u>	WORKERS COMPENSATION							PER OTH-		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	S	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A						E.L. DISEASE - EA EMPLOYEE	S	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
B	Leased and Rented Equipment Pollution/Professional Liability			CWP9675593 SP2X180116		3/23/2019 3/23/2019	3/23/2020 3/23/2020	Limit/Ded Occurrence Aggregate	25,00 1,000 2,000	,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	COR) 101, Additional Remarks Sched	ule, may t	e attached if mo	re space is requi	red)		
All	policy terms, conditions and exclusions	apply		•						
CE	RTIFICATE HOLDER				CAN	CELLATION	1			
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Pikes Peak Regional Building Dept.						LED BEFORE LIVERED IN				
	2880 International Circle Colorado Springs CO 809	10			AUTH	ORIZED REPRES	ENTATIVE	Orllin		
								CORD CORPORATION.	All rig	hts reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/08/18

\$

\$

\$

2,000,000

2,000,000

2,000,000

EACH OCCURRENCE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYER

E.L. DISEASE - POLICY LIMIT

AGGREGATE

X PER STATUTE

7/1/2019

7/1/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT PRODUCER Aon Risk Services, Inc of Florida Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive, Suite #1100 Miami, FL 33131-4937 PHONE (A/C, No, Ext): 800-743-8130 EMAIL FAX (A/C, No): 800-522-7514 ADP.COI.Center@Aon.com **ADDRESS** INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: New Hampshire Ins Co 23841 INSURED INSURER B: ADP TotalSource CO XXI, Inc. 10200 Sunset Drive INSURER C: Miami, FL 33173 ALTERNATE EMPLOYER Empire Fire & Safety Inc. DBA AD-X Fire Protection 10475 Inma Dr Unit 17, INSURER D : INSURER E Northglenn, CO 80233 INSURER F: **CERTIFICATE NUMBER: 2022882** REVISION NUMBER: COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP POLICY NUMBER TYPE OF INSURANCE LTR EACH OCCURRENCE s COMMERCIAL GENERAL LIABILITY \$ OCCUR PREMISES (Ea occurrence) CLAIMS-MADE s MED EXP (Any one person) s PERSONAL & ADV INJURY GENERAL AGGREGATE s GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC PRODUCTS - COMP/OP AGG 5 OTHER COMBINED SINGLE LIMIT 5 **AUTOMOBILE LIABILITY** BODILY INJURY (Per person) S ANY AUTO OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) \$ AUTOS PROPERTY DAMAGE (Per accident) HIRED NON-OWNED AUTOS ONLY 5 AUTOS ONLY

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
All worksite employees working for EMPIRE FIRE & SAFETY INC. DBA AD-X FIRE PROTECTION, paid under ADP TOTALSOURCE, INC. is payroll, are covered under the above stated policy. EMPIRE FIRE & SAFETY INC. DBA AD-X FIRE PROTECTION is an alternate employer under this policy.

WC 047014227 CO

CERTIFICATE HOLDER	CANCELLATION			
Pikes Peak Regional Building Department 2880 International Circle Colorado Springs, CO 80910	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
	Authorized representative Hon Risk Bervices, The of Florida			

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

UMBRELLA LIAB

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

OFFICER/MEMBER EXCLUDED?

ANY PROPRIETOR/PARTNER/EXECUTIVE

DESCRIPTION OF OPERATIONS below

EXCESS LIAB

DEC

(Mandatory In NH)
If yes, describe under

OCCUR

RETENTION S

CLAIMS-MADE

The ACORD name and logo are registered marks of ACORD

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Empire Fire & Safety, Inc.

is a

Corporation

formed or registered on 01/06/2006 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20061010304.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/28/2019 that have been posted, and by documents delivered to this office electronically through 03/29/2019 @ 14:24:25.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/29/2019 @ 14:24:25 in accordance with applicable law. This certificate is assigned Confirmation Number 11483395 .



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site. http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://

www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle Colorado Springs, Colorado 80910 Website: http://www.pprbd.org



Follow us on social media

facebook.com/PPRegionalBuilding/

@PPRBD

@ppregionalbuilding

Invoice

4/1/2019 8:37:16 AM

(ROSE)

Receipt #: 1586453

Customer: Application

Tran	saction	Summary
11411	Saction	Sullillary

Account	Description		Refere	nce	Amount
1301-40036	CONTRACTOR FEES	APPLICATION	App	Fee	\$50.00
1301-40112	CONVENIENCE FEE	WESTERN UNION SPEEDPAY	(TELEPHONE)	FEE	\$3.50

Total Due: \$53.50

Payment Summary

Account	Description	Reference	Amount
9801-55700	COLLECTION, VISA/Master-Card	688787	\$53.50

Total Tendered: \$53.50

Comment: APP FOR FIRE

I agree to pay above total amount according to card issuer agreement.



Pipeline and Hazardous Materials Safety Administration East Building, PHH – 33 1200 New Jersey Avenue, Southeast Washington, D.C. 20590



Expiration Date: February 14, 2023

Mr. Dave Walker Service Manager Empire Fire & Safety, Inc. 10475 Irma Drive, Unit # 17 Northglenn, CO 80233 United States

Dear Mr. Walker:

The Pipeline and Hazardous Materials Safety Administration (PHMSA) has reviewed your application for approval as a cylinder requalification facility under Section 107.805 of Title 49 Code of Federal Regulations (49 CFR). At the recommendation of Steigerwalt Associates, Inc., this office is reissuing the requalifier identification number (RIN) 1274 to your facility located at 10475 Irma Drive Unit # 17, Northglenn, CO for DOT cylinder specification(s): 4B, 4BA, 4BW and 4B240ET. This number authorizes requalification of the authorized cylinder specifications by the "hydrostatic" test method, applies to this location only, and is valid until the posted expiration date above or until terminated by the Associate Administrator for Hazardous Materials Safety.

In addition to the requalification of cylinders under the relevant provisions of Sections 180.205 through 180.215 of 49 CFR, the following conditions <u>must be met</u>:

- 1. You must notify this office of any change in facility name, address, ownership, management, equipment, or testing personnel within twenty days of the change.
- 2. Testing must be performed by, or in the presence of, a designated hydrostatic test operator who has been observed by the authorized inspector, or who has been added to your file by addition under condition number one (1) above.
- 3. A copy of this approval must be maintained adjacent to the testing unit.
- 4. This approval is renewable every five (5) years. If you wish to renew this approval, please ensure that your application for renewal is received by PHMSA at least 60 days prior to the expiration date posted above, in accordance with 49 CFR 107.705(c).

Tracking No: 2018024061 Page 1 of 2

- 5. Renewal applications or enquiries should be sent to approvals@dot.gov.
- 6. Copies of your application and all supporting documentation must be retained and made available to DOT upon request.
- 7. Testing under this RIN approval is authorized only on the authorized cylinder specifications and testing method listed above. Additional special permits (<u>not meeting approved testing method above</u>), DOT cylinder specifications, including UN ISO specifications may be requested only after inspection and recommendation by an approved Independent Inspection Agency and only after additional approval is granted by PHMSA in accordance with the requirements of 107.705 and 107.805.
- 8. Each "Hazmat employee", as defined in Section 171.8, who performs a function subject to this approval, must receive appropriate training in accordance with Section 172.702.
- 9. All correspondence must include the requalifier identification number (RIN).
- 10. This approval as revised supersedes all previous versions.

for William Schoonover

New Benninghous

Associate Administrator for Hazardous Materials Safety



April 15, 2019,

Pikes Peak Regional Building Department/ Colorado Springs Fire Department Attn: Chip Taylor

Re; Letter of Commitment

To whom it may concern,

Please accept this letter as confirmation that Empire Fire & Safety has the minimum equipment required to perform installation, inspections, and maintenance on fixed fire suppression systems and portable extinguishers. We are a distributor for Amerex, Ansul, Badger and Pyro Chem Fire Extinguishers and distributors for Amerex, Ansul (Pyrotechs) and Pyro Chem fire suppression systems.

If you have any questions please call 303.17-1438.

Respectfully,

Dave Walker Service Manager

Empire Fire & Safety, Inc.



PPRBD LICENSING

Fax: 719-327-2626

Phone: 719-327-2887

Email: Licensing@pprbd.org

FIRE

Phone: 719-385-5982

Email: Fireconstructionservices@springsgov.com

Fax: 719-385-7330

FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

				SAFETY, LLC						
			LICENSE HOLDER: RAYMOND CARNAHAN							
ME: RAY	MOND CARN	AHAN	RECOM			. –				
					PROVA		DISAPPRO	OVAL		
				DAIL	-/-	25/ 15				
ICENSE AF	PLYING FOR:									
FSC-A	FSC-B	FSC-C	FSC-D	FSC	-H I	FSC-M	FAC-A	FAC-B		
FAI	FSI	FST-B	FST	-C	FST-D	FHT				
	PPRBD	INFORMAT	ION	nigo memmerakan penekan nigo dinasah nigo salah meng	N	IAME	DA	NTE		
	D BY PPRBD				SA	BRINA	4/18	4/18/2019		
	L BACKGROU	JND CHECK			SABRINA		4/18	4/18/2019		
SENT TO	FIRE				SABRINA		4/18	4/18/2019		
and the say their says the say	DE	EPARTMENT	MANTE ON SOME THE OWNER OF MARKET PERSONS AND AND THE STREET OF MARKET PERSONS AND		- N	IAME	D/	ATE		
CSFD		and a second a second and a second a second and a second	artiter vitrametikin aventus varavennas Main tulik vakutatisvus	medit ar dib velvániarum, afant and, angud	Chip	Taylor	4/25/:	19		
						alamadin di selam milikin daare di selam				
	****							***		
<u> </u>			And the second s		!					
COMME	ENTS: NEW									
		Barker has	s purchase	d Fire	e Ins	pection	s Plus,	and		
			or new lic		-	•				

105

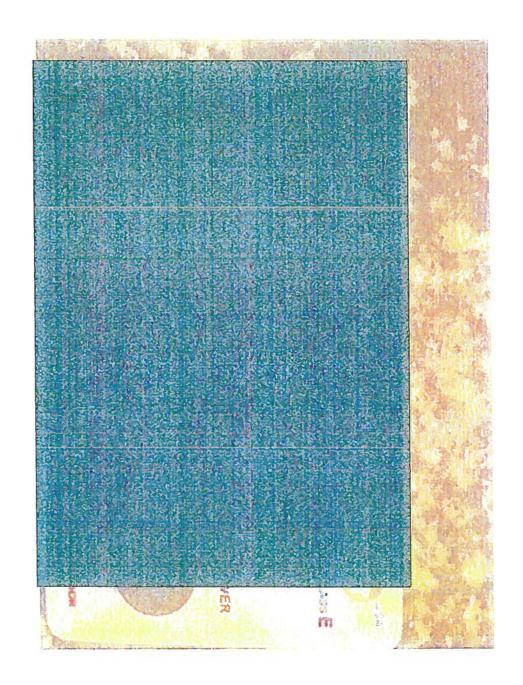
PIKES PEAK REGIONAL BUILDING DEPARMENT

Fire Suppression Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

RBD USE ONLY
Date U-18-2019
Initial Receipt # | 50136

FIRE SUPPRESSION CONTRACTOR LICENSE REQUES	TED (Check one)	
□ FSC-A □ FSC-D □ FSC-D	□ FSC-H □ FSC-M	
Business	Information	
Type of Entity (Check one) ☐ Individual ☐ Partne	ership 🗆 Corporation 🗵 LL	.C
Business Name: Pye-Barker Fire & Safety LLc (The business name is the name that will appear on the license and	d is the actual name under which the cont	racting business will operate.)
Federal Employer Identification Number: 81-28837		
Business Address: 942 Elkton Dr		
Street Address	Apartr	ment/Unit #
Colorado Springs	Colorado	80907
City	State	ZIP Code
Business Phone: 719-392-1122	Business Email: flaggc@p	yebarkerfire.com
Business Fax: 303-294-0710	Business Website: Pyebark	cerfire.com
Company's Principal Officers, Partners, or Owners Name: Barton A Proctor	Title:	Owner
Name:	Title: _	
Name:	Title: _	
1. Number of years the company has operated as a c	ontractor? (If new, write "new")	78
2. What is the company's area of specialties? Fire	protection services all p	roducts
Type of work performed? (Check one or both, if appl	licable) □ Residenti	al 🛭 Commercial
3. Has the company ever been named in or responsible and/or claims against them in which the company was	ole for any entered and unsatisficas the contractor?	ed judgments, liens, off yes, Explain
4. Has the company been a defendant in a collection	action court case? 🗆 Yes 🗷 No	If yes, Explain
5. Has the company ever declared bankruptcy? Ye	s 🛭 No If yes, Explain	
6. Has the company ever had a license suspended or	revoked? ☐ Yes ☑ No If yes, Exp	olain
7 Has the company ever defaulted on a contract?	1 Yes 17 No If yes Evolain	



Type of work (check one)	Project History (List projects in which this company worked as the contractor.)
Cost: 15K Date: 12/2018 Your position: Manager Describe Job in detail: Semi annual inspection kitchen hood systems 2. Project Street Address: Caliber Collision Type of work (check one) □ Residential ☑Commercial Cost: 6K Date: 11/2/2018 Your position: Manager Describe Job in detail: install Pyro chem fire system paint booth 3. Project Street Address: 1590 Dover St Lakewood Co Type of work (check one) □ Residential ☑Commercial Cost: Date: 11/16/2018 Your position: Describe Job in detail: install Pyro Chem fire system in paint booth 4. Project Street Address: 24110 E State Ave Aurora Type of work (check one) □ Residential ☑Commercial Cost: 5K Date: 2/14/2018 Your position: Manager Describe Job in detail: install Ansul fire system kitchen hood 5. Project Street Address: 2727 S Parker Unit A Aurora Type of work (check one) □ Residential □Commercial Cost: 4K Date: 2/25/2019 Your position: Manager Describe Job in detail: install Ansul fire suppression system for hood CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby age to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.	1. Project Street Address: Jefferson County School Dist
Describe Job in detail: semi annual inspection kitchen hood systems 2. Project Street Address: Caliber Collision Type of work (check one)	Type of work (check one) □ Residential □Commercial
Describe Job in detail: semi annual inspection kitchen hood systems 2. Project Street Address: Caliber Collision Type of work (check one)	Cost: 15K Date: 12/2018 Your position: Manager
Type of work (check one) Date: 11/2/2018 Your position: Manager Describe Job in detail: Date: 1590 Dover St Lakewood Co Type of work (check one) Date: 11/16/2018 Your position: Manager Type of work (check one) Date: 11/16/2018 Your position: Date: 11/16/2018 Your position: Describe Job in detail: Describe	
Cost: 6K Date: 11/2/2018 Your position: Manager Describe Job in detail: install Pyro chem fire system paint booth 3. Project Street Address: 1590 Dover St Lakewood Co Type of work (check one) □ Residential □ Commercial Cost: □ Date: 11/16/2018 Your position: □ Describe Job in detail: install Pyro Chem fire system in paint booth 4. Project Street Address: 24110 E State Ave Aurora Type of work (check one) □ Residential □ Commercial Cost: 5K Date: 2/14/2018 Your position: Manager Describe Job in detail: install Ansul fire system kitchen hood 5. Project Street Address: 2727 S Parker Unit A Aurora Type of work (check one) □ Residential □ Commercial Cost: 4K Date: 2/25/2019 Your position: Manager Describe Job in detail: install Ansul fire suppression system for hood CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the any work which may be performed by our company pursuant to the contractor license for which this application is made.	2. Project Street Address: Caliber Collision
Install Pyro chem fire system paint booth 3. Project Street Address: 1590 Dover St Lakewood Co	Type of work (check one) ☐ Residential ☐ Commercial
Install Pyro chem fire system paint booth 3. Project Street Address: 1590 Dover St Lakewood Co	Cost: 6K Date: 11/2/2018 Your position: Manager
Type of work (check one) Date: 11/16/2018 Your position: Describe Job in detail: Describ	Describe Job in detail: install Pyro chem fire system paint booth
Cost: Date:	3. Project Street Address: 1590 Dover St Lakewood Co
Describe Job in detail: install Pyro Chem fire system in paint booth 4. Project Street Address: 24110 E State Ave Aurora Type of work (check one) □ Residential □ Commercial Cost: 5K Date: 2/14/2018 Your position: Manager Describe Job in detail: install Ansul fire system kitchen hood 5. Project Street Address: 2727 S Parker Unit A Aurora Type of work (check one) □ Residential □ Commercial Cost: 4K Date: 2/25/2019 Your position: Manager Describe Job in detail: install Ansul fire suppression system for hood CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.	Type of work (check one) □ Residential □Commercial
Describe Job in detail: install Pyro Chem fire system in paint booth 4. Project Street Address: 24110 E State Ave Aurora Type of work (check one) □ Residential □ Commercial Cost: 5K Date: 2/14/2018 Your position: Manager Describe Job in detail: install Ansul fire system kitchen hood 5. Project Street Address: 2727 S Parker Unit A Aurora Type of work (check one) □ Residential □ Commercial Cost: 4K Date: 2/25/2019 Your position: Manager Describe Job in detail: install Ansul fire suppression system for hood CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.	Cost:
Type of work (check one) Residential Cost: Date: 2/14/2018 Your position: Manager Describe Job in detail: Type of work (check one) Residential Commercial Type of work (check one) Residential Commercial Cost: AK Date: 2/25/2019 Your position: Manager Describe Job in detail: Install Ansul fire suppression system for hood CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.	
Cost: 5K Date: 2/14/2018 Your position: Manager Describe Job in detail: install Ansul fire system kitchen hood 5. Project Street Address: 2727 S Parker Unit A Aurora Type of work (check one) Residential Commercial Cost: 4K Date: 2/25/2019 Your position: Manager Describe Job in detail: install Ansul fire suppression system for hood CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.	4. Project Street Address: 24110 E State Ave Aurora
Describe Job in detail: install Ansul fire system kitchen hood 5. Project Street Address: 2727 S Parker Unit A Aurora Type of work (check one)	Type of work (check one) □ Residential □Commercial
Describe Job in detail: install Ansul fire system kitchen hood 5. Project Street Address: 2727 S Parker Unit A Aurora Type of work (check one)	Cost: 5K Date: 2/14/2018 Your position: Manager
Type of work (check one) Residential Cost: 4K Date: 2/25/2019 Your position: Manager Describe Job in detail: install Ansul fire suppression system for hood CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.	Describe Job in detail: install Ansul fire system kitchen hood
Cost: 4K Date: 2/25/2019 Your position: Manager Describe Job in detail: install Ansul fire suppression system for hood CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.	5. Project Street Address: 2727 S Parker Unit A Aurora
Describe Job in detail: install Ansul fire suppression system for hood CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.	Type of work (check one) ☐ Residential ☐ Commercial
Describe Job in detail: install Ansul fire suppression system for hood CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.	Cost: 4K Date: 2/25/2019 Your position: Manager
behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.	Describe Job in detail: install Ansul fire suppression system for hood
Print Name and title (owner, principal or manager) Louis R Greway MANAGEN Date: 4/15/2019	behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.
Signature: 4/15/2019	Print Name and title (owner, principal or manager) Louis R Greway
	Signature: 4/15/2019

RESUME

Louis R Greway 5386 Dunraven Cir Golden, Colorado 80403 720-271-0966

1969-1972- Firefighter Crash Rescue- US Air force 1972-1976-Acme Fire/ Aaron Fire of Denver

Duties: perform inspections on fire extinguisher's, kitchen hood fire system ,e-lights First aid, recharge and testing of high and low pressure Spec and non spec Cylinders

1976- Present—owner operator Sentry Fire & Safety

Duties: performed inspections on fire extinguishers, kitchen hood fire systems, e-Lights, fire alarm inspections, modifications and repair, fire sprinkler T&I Responsible- for all training including certification of hazmat employees, DOT testers, OSHA training, Safety training

Have attended numerous factory trainings, seminars, DOT certifications for all the brands we sold over the years to include Kidde, Badger, Pyro chem, Ansul

Power of Attorney

Know All Men by These Presents: that the undersigned does hereby make, constitute and appoint

Name:

Louis Greway

Address:

1294 S. Inca Street

Denver, CO 80223

The true and lawful attorney-in-fact for Pye-Barker Fire & Safety, LLC and in the name, place and stead of the corporation, to make and execute the assignments of or applications for vehicle Certificates of Title and other documents of registration or licensing.

And granting to the said attorney-in-fact full authority to do and perform all and every act and thing whatsoever requisite, necessary and proper to be done in and about the premises as fully and to all intents and purposes as the undersigned might or could do with full power of substitution and revocation hereby ratifying and confirming all that said attorney or his substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, the undersigned has caused his name to be subscribed hereto on this 28th Day of March 2018.

Pye-Barker Fire & Safety, LLC

Signature of person giving power of attorney

Barton A. Proctor, President Printed name and title

Printed name of notary

	Responsible Managing E	nployee (RME) Inform	aption/seasons
Legal Name: CAPA	lough	PayMoni	J
Date of Birth:	1 b2 so	ocial Security Number:	
Address: 1006	PALALIO VIEW	ΔP	7 ¹ 104
Street A	DD SPRIDIS		Apartment/Unit #
City	DO SKILIGS	State	ZIP Code
Phone: 719 - 233 -	4244 Fax:	E ₁	mail:
1. What is your area of expe	ertise in the industry?	KATURIONS - 5	ERVILE-
2. How long have you worke	d in the industry?	20 + YEARS	
3. What is your affiliation w	ith the company? (Owner,	partner, employee, et	tc.) MODRIEL.
4. Have you ever been convi	icted of a misdemeanor or	felony? □ Yes 🔼 No If	f yes, Explain
5. Have you had a license su	ıspended or revoked? □ Ye	es 🖔 No If yes, Explain	
and warrant, that I am actir	oyee) or Licensee for the ng in capacity of the RME/ pany's and my own action	firm named herein. I d Licensee of said firm;	or's license as the RME do hereby expressly represent, and I hereby agree to accept the he contractor's license that may
	er en	milionsis (d. Chersh	eling to apply self-in the control of the control o
NICET #	N	IICET Level	Expires
P.E. #		Issued	Expires
D.O.T. #		Issued	Expires
	 	lifetory is a control	
Company Pye Barker Fire Lasym Fix	Position	To	From
	manager/seu Teak	present 2006	Novemer 2018 2014
Pve Barker Fire PLUS	Thanager	present	Novemer 2018 2012
may deny me a license after application is untrue, licens	sons seeking a license to use all Building Department to sapplication. I agree and a reviewing my Criminal Ba	undergo a Criminal Bac perform a Criminal Ba understand Pikes Peak ackground Check. If an atically revoked.	ckground Check. I hereby ackground Check utilizing ackground Building Department by information provided on this
<u>d</u>			
Signature of (RME):	MANAHAL)	Date: 4/15/2019

SMIGRIFULLAR CONTRA			idelike sapiolation	IF COMPANY OF		
Legal Name:			Raymond			
	Last		Fi	irst	7	И.1.
Date of Birth:	09/11/1962		Social Security	Number:		
Address: 100	6 Palacio	View	•		104	
	Street A	ddress	agent, et ell accommission i commission e la langua del appropriate de del a		Apartment/Unit#	
Cold	orado Spr	ings		Colo	8091	0
	City			State		Code
Phone: 719	-233-424	4 Fax: 3	03-294-0710	Email:		
1. What is your	area of expe	tise in the industr	_{y?} fire extg spr	inkler aları	n backflow	
		in the industry? a				
			Owner, partner, emp	lovee etc.) n	nanager	
			anor or felony? 🗆 Ye			
			d? □ Yes ☑ No If yes,			
qualifying indiv	idual, perforn	one or more of t	ip, or direct supervisites by the control in the co	ion on ioh citoc	ical and administration. Will you, as the	ve
	NICET#		NICET Level		Expires	
	P.E. #		Issued			
					Expires	
	D.O.T. #		Issued	·	Expires	
			TOTAL DEPART			
Compa	iny	Position		ſo	From	
RockY mnt fire	17.50	anader	2006		2002	- 10
Sentry Fire Fire Inspection	701	ervice tech	2006		2012	
THE INSPECTION	is rius im	anger	2012		present	
CERTIFICATION	(The following	declaration is to	be signed by the Lic	ansee) Pikes D	eak Regional Ridding	_
scharment red	mines of thet 20	us seeking a ticen:	Se to undergo a Crim	inal Backgroup	d Charle I harabu	5
additionize Pikes	reak negional	Building Denartin	ent to nortorm a Crir	minal Backgroup	nd Chade within	
ndy ochly me a :	acerse after t	ENGMING WAITHU	e and understand Piki inal Background Chec utomatically revoked	k If any inform	al Building Departme nation provided on tl	ent his
Print name & tit		Fogymond C		langer		
Signature of (Lic		Z DANOIL	na)			019
•	100000000000000000000000000000000000000	disability of the same of the			vate:	
स्ट्रिट्ट्याम्याम्यावस्य	HEREITE AT LO	ondersting co	ROSTO MATERIALISM		F65-749-8197-201	NA:



Pipeline and Hazardous Materials Safety Administration East Building PHH = 33 1200 New Jersey Avanue, Southeast Washington, D.C. 20590

December 07, 2018

Expiration Date:October 15, 2020

Revision: Company Name, Ownership and Manager Change

Mr. Andy Holland
Regional Manager

Pye Barker Fire and Safety Inc. /
1294 South Inca St.
Denver, CO 80223 US

Dear Mr. Holland:

The Pipeline and Hazardous Materials Safety Administration (PHMSA) has reviewed your application for approval as a cylinder requalification facility under Section 107.805 of Title 49 Code of Federal Regulations (49 CFR). At the recommendation of Steigerwalt Associates, Inc., this office is re-issuing the requalifier identification number (RIN) APO to your facility located at 1294 South Inca St., Denver, CO for DOT cylinder specification(s): 3A, 3AA, 3AL, 4B, 4BA, 4BW, 4B240ET and Special Permit(s):10915, 10945, 7235, 10869, 6557, 7277, 8059, 9370, 9421, 9634, 9791, 10019, 10869, 10905, 10970 and 11194. This number authorizes requalification of the authorized cylinder specifications by the "hydrostatic" test method, applies to this location only, and is valid until the posted expiration date above or until terminated by the Associate Administrator for Hazardous Materials Safety.

In addition to the requalification of cylinders under the relevant provisions of Sections 180.205 through 180.215 of 49 CFR, the following conditions <u>must be met</u>:

- 1. You must notify this office of any change in facility name, address, ownership, management, equipment, or testing personnel within twenty days of the change.
- 2. Testing must be performed by, or in the presence of, a designated hydrostatic test operator who has been observed by the authorized inspector, or who has been added to your file by addition under condition number one (1) above.
- 3. A copy of this approval must be maintained adjacent to the testing unit.

Tracking No: 2018124027





Faining Certificate of

It is hereby certified that

Louis R. Greway

Sentry Fire and Safety Inc.

Denver

has successfully completed the training course

PIRANHA Restaurant Fire Suppression System-Design, Installation, Recharge & Maintenance

Training Hrs:

Training Date:

September 15, 2016

Expiry Date:

September 15, 2019

Mark E. Fessenden

May E Tessande

Disclar Services - Americas Neo Fire Foots run Products

Fire Protection Products

Congreda - 2019 Type Tower agents Produced UP on outlines reserved





It is hereby certified that

Louis R. Greway

Sentry Fire and Safety Inc.

Denver

has successfully completed the training course

PIRANHA Restaurant Fire Suppression System-Design, Installation, Recharge & Maintenance

Training Hrs: 69

Training Date: September 15, 2016

Expiry Date: September 15, 2019

Man E Tessends

Mark E. Fessenden Director, Services - Americas Tyco Fire Protection Products





4-15-2019

Pikes Peak Regional Building Dept 2880 International Circle Colorado Springs, Colorado 80910

RE: Application for FSC-B license for kitchen hood and portables

To Whom It May Concern:

This letter is to attest that Pye-Barker Fire & Safety LLC does in fact posess and utilize all the proper equipment to test and recharge both low pressure and high pressure fire extinguisher's.

Sincerely

Louis R Greway, Manger Pye-Baker Fire & Safety LLC

Off: 303-294-0708 Cell 720-271-0966

> 400 NO REHWENDS CENTER 11605 HAYNES BRIDGE RD STE 350 ALPHARETTA, GA 30009 (678) 281-6143 toll free (800) 927-8610

> > and appoint entire com-

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Pye-Barker Fire & Safety, LLC

is an entity formed or registered under the law of South Carolina, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181878415.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/04/2018 that have been posted, and by documents delivered to this office electronically through 12/05/2018 @ 10:00:27.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/05/2018 @ 10:00:27 in accordance with applicable law. This certificate is assigned Confirmation Number 11260518



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/Certificate/SearchCriteria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click

"Businesses, trademarks, trade names" and select "Frequently Asked Questions."



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/12/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	iolder at hea of odell ellegisellellels.	
PRODUCER Marsh & McLennan Agency LLC	CONTACT NAME:	
2301 Sugar Bush Road	PHONE (A/C, No, Ext): 919-788-7171 FAX (A/C, No): 919	-782-1841
Suite 600	E-MAIL ADDRESS: Certificates@MarshMMA.com	
Raleigh NC 27612	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Everest Indemnity Insurance Company	10851
Pye-Barker Fire & Safety, LLC*	INSURER B: Depositors Insurance Company	42587
PO Box 69 Roswell, GA, 30077	INSURER C: National Union Fire Ins Co PittsburghPA	19445
11605 Haynes Bridge Rd, Ste 350	INSURER D: Nationwide Mutual Insurance Company	23787
Alpharetta GA 30077	INSURER E: Aspen American Insurance Company	43460
	INSURER F: Evanston Insurance Company	35378

COVERAGES

CERTIFICATE NUMBER: 1176231469

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL		POLICY NUMBER	POLICY EFF	POLICY EXP		s
۸	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			51GL0034900191	1/1/2019	1/1/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 50,000
	X Contractual Liab						MED EXP (Any one person)	\$ 5,000
	X XCU Included						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
B	AUTOMOBILELIABILITY			BAPD3028192010	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	5
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	S
								\$
A E	UMBRELLA LIAB X OCCUR			51CC001080191 CX00AD619	1/1/2019 1/1/2019	1/1/2020 1/1/2020	EACH OCCURRENCE	\$ 10,000,000
	X EXCESS LIAB CLAIMS-MADE			CASSADOTS	1/1/2019	1/1/2020	AGGREGATE	\$ 10,000,000
	DED RETENTION \$						Excess Liability	\$ 20,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER OTH-	
.	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory In NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
F C	Professional/Pollution Leased/Rented Equipment Fidefily			MMAENV001290 CIM3028192010 061813109	1/1/2019 1/1/2019 1/1/2019	1/1/2020 1/1/2020 1/1/2020	\$1,000,000 Limit \$100,000 \$2,000,000	per item per loss
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	EC /A	CORR	404 44424	44 1 1 1 1 1 1 1			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**DBA's: PB Parent; LLC, Lanstar, LLC; Pye-Barker Holdco, LLC; DBA A.A.C. United Fire & Safety Equipment, Inc.; DBA Accurate Fire Protection, Inc.; DBA Acce Fire Equipment; DBA Advanced Fire Extinguishers & Safety Equipment; DBA Allstate Fire Protection, Inc.; DBA American Fire & Safety; DBA BRS Holdings LLC; DBA Commercial Fire Equipment Company; DBA D&C Fire Protection; DBA Dekalb Fire Protection Services, Inc. dba Georgia Fire; DBA East Coast Fire Equipment, Inc.; DBA Fire Boss, Inc. db/a Dragon Fire Systems; DBA Fire Inspections Plus; DBA Fire Pro, Inc.; DBA Fire X Services, LLC; DBA Innovative Electronic Control Systems Inc.; DBA Integrity Fire & Safety; DBA Lester King Fire and Safety Equipment, Inc.; DBA Metro Fire & Safety, Inc.; DBA Myrtle Beach Fire Safety Group; DBA Pro Fire Extinguishment, Inc.; DBA Pye Barker Industrial Cleaning, LLC; DBA Reliable Alarm Technology and Equipment, Inc.; DBA Reliable Fire & Safety Equipment Company, Inc.; DBA Sentry Fire & Safety; DBA South Carolina Safety Co.; DBA Suncoast Fire Safety; DBA Tampa Bay Fire Equipment; DBA Tanner Fire & Safety Equipment, Inc.

CERTIFICATE HOLDER	CANCELLATION
Pikes Peak Regional Building Department 2880 International Circle	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Latyn Jaal Word

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/16/19

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	tatement on this certificate does not	con	er riç	thts to the certificate hold			ndorsement(s).			
Aon	DUCER Risk Services, Inc of Florida				CONTA NAME:	Aon Risk	Services, Inc.	of Florida		- 1347	
	Brickell Bay Drive, Suite #1100 ni, FL 33131-4937					o, Ext): 800-743	8130		(A/C, No): 800-	522-751	4
	.,, . 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2				EMAIL ADDRE	ss: ADP.CO	I.Center@Aon.i	com			
							R(S) AFFORDING				NAIC#
					INSURE	ER A: New Hamp					23841
	JRED				INSUR	RR:					20041
1020	TotalSource FL XVIII, Inc. IO Sunset Drive				INSUR					-	
	ni, FL 33173 ERNATE EMPLOYER				INSUR					_	
Pye-	Barker Fire & Safety, LLC				INSUR					+	
	Macy Drive aretta, GA 30076				INSUR					+	
_	VERAGES	C	ERT	IFICATE NUMBER: 22396	-			REVI	SION NUMBE	-D.	
T	HIS IS TO CERTIFY THAT THE POLICIES	S OF	INSUF	RANCE LISTED BELOW HAV	E BEEN	ISSUED TO T	HE INSURED	NAMED ARC	VE FOR THE	YOU IO	PERIOD
II∿	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIR PER1	EMEN FAIN.	IT, TERM OR CONDITION O THE INSURANCE AFFORDS	F ANY D BY T	CONTRACT OF	R OTHER DO	CUMENT WI IEREIN IS S	TH RESPECT TO A	IO WHI	CH THIS TERMS,
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	SECH IN	POLICY EFF	POLICY EXP	LIMITS	SHOWN ARE A	SREO	JESTED.
LTR		INSR	WVD	FOLIOT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCUP		\$	
	CLAIMS-MADE OCCUR							PREM SES (Ea		\$	
				0				MED EXP (An	y one person)	\$	
								PERSONAL &	ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AG	GREGATE	\$	
	POLICY PROJECT LOC							PRODUCTS -	COMP/OP AGG	\$	
	OTHER		_					COMBINEDS	NCI E LIAUT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	ANGLE ERMIT	\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJU	RY (Per person)	\$	
	AUTOS ONLY AUTOS							BODILY INJU	RY (Per accident)	S	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY D (Per accident)	AMAGE	\$	
							9	in en decidents		s	
	UMBRELLA LIAB OCCUR							EACH OCCUR	RENCE	S	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
1 1	DEC RETENTION \$							11001120112			
	WORKERS COMPENSATION							X PER STATUT	OTH-		
A	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE		ŀ	WC 047014227 CO		11/06/18	07/01/19				0.000.000
1	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				ĺ	8	E.L. EACH AC		\$	2,000,000
	If yes, describe under								- EA EMPLOYEE		2,000,000
	DESCRIPTION OF OPERATIONS below		 					E.L. DISEASE	- POLICY LIMIT	\$	2,000,000
			1								
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	(ACO	RD 101, Additional Remarks Scho	dule, ma	y be attached if n	nore space is red	uired)			
See All v	attached Certificate Holder Cancellation Notice. Acrisite employees working for PYE-BARKER FIRE	& SAF	ETY. L	LC. peid under ADP TOTAL SOUR	E. INC 's	payroll are cover	ed under the show	e stated onlicy	PVE-RARKED EIE	DE E CAE	ETV LLC is
an a	Itemate employer under this policy				,	p-3.0, 272 2070		o blatte postsy.	T CL DANCE TI	u. u chi	LT!, LLO IS
											-
CEL	RTIFICATE HOLDER				CANIC	ELL ATION					
JEL	ATH DATE HOLDER				CANC	ELLATION					
					CLICIA	D ANN OF THE	ADOVE DEA				
	s Peak Regional Building Department D International Circle								ICIES BE CANO E WILL BE		
	orado Springs, CO 80910					DANCE WITH					
				A	UTHORIZ	ED REPRESENTA	ATIVE	HOLI			
						fon	RukBe	gvices,	anc of of l	ozid	z

© 1988-2015 ACORD CORPORATION. All rights reserved.

STATIS OF COLORA 1909 [Probable of Phys. Representation and Cambroli



19-5-04101

Be It Known That
Pye Barker Fire & Safety Inc.
Brad Reading Sprinkler Fitter-RME
Has Successfully Completed All Requirements
to Become Registered
Fire Suppression Systems Contractor

Issued On January 1, 2019

Espiring On, Unless Earlier Revoked

December 31, 2019

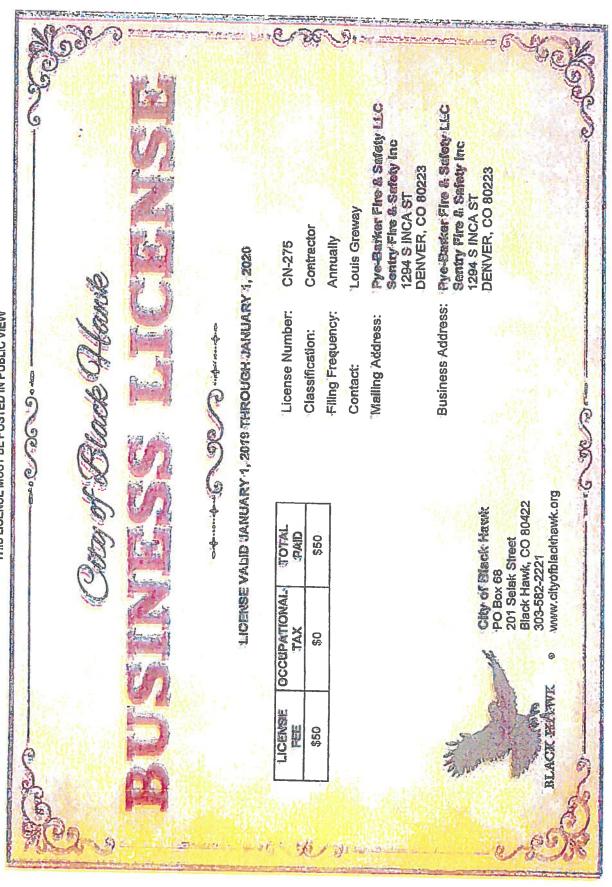
In Accordance With

8 CCR 1507-11

Fire & Life Safety Section Division of Fire Prevention & Control 769 Kipling Street, Suite 4100 Denver, CO 80215







OPERATING A BUSINESS WITHOUT A LICENSE IS SUBJECT TO CIVIL ACTIONS AND PENALTIES

City and County of Denver Community Planning and Development www.Servergov.org/contractor_licensing

License/Registration-Number: Expiration Date: 04/30/2021 License Type: Electrical Signal LIG22154

lesued To:

By Authority of the Executive Director of Community Planning and Davelopment

PYE-BARKER FIRE &SAFETY LLC 1294 S INCA ST **DENVER, CO 80223**

> Amount \$75,00 \$75,00 \$75,00

Fund/Org/Revenue Coda 01010-0141140-352900 01010-0141140-352900

01010-0141200-352900

Payment Date 12/14/2001 12/26/2002 01/13/2004

Trans# 01166209 02180267 04004231 Status Paid Paid Paid

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on

Renewal information is available at www.denvergov.org/Centractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection.

√ Permit number

√ Type of Inspection and Inspection code

Automated Inspection Request System, 720-865-2501 Inspections are performed Monday through Friday.

Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.

Cut on outside of line, then fold in half.

City and County of Denver

IDENTIFICATION CARD.

License/Registration

LIC22154

This is to certify that PYE-BARKER FIRE &SAFETY LLC has been issued a Electrical Signal license in the City and County of Denver, beginning on 13 January 2004 and ending on 30 Apr 2021, unless Scense is revoked.

> By Authority of the Executive Director of Community Planning and Development

City and County of Denver Community Planning and Davelopment 201 W COLFAX AVE DEPT 205 DENVER, COLORADO 80202



Licenses & Certificates:

Permit Counter. Inspection Administration: **Automated Inspection Request:** 720,865,2770 720.865.2705 720,865,2505

720.865,2501

LIC. 100 (4/100) CPDA

THE INDIVIDUAL MEANING

City and County of Danver

-Community Planning and Development

License/Registration (Namber-Expiration Date: 0228/2021 License Type: Fire Pro A LiC7292

Issued To:

By Authority of the Executive Director of Community Planning and Development

PYE-BARKER FIRE & SAFETY LLC 1294 SINCA ST DENVER, CO 80223

> Amount \$75,00 \$80,00 \$75.00

Fund/Org/Revenue Code 01010-0141140-355600 01010-0141200-355600 01010-0141140-355600

Payment Date 01/24/2001 02/08/2011

12/14/2001.

Trans# 01009992 11011041 01166211

Status Paid Paid Paid

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on

Renewal information is available at www.denvergov.org/Contractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection.

√ Permit number

√ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501 Inspections are performed Monday through Friday.

Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.

Cut on outside of line, then fold in half,

City and County of Denver

IDENTIFICATION CARD

License/Registration L167292

This is to certify that PYE-BARKER FIRE & SAFETY LLC has been issued a Fire Pro A license in the City and County of Denver, beginning on 14 December 2001 and ending on 28 Feb 2021, unless license is revoked.

By Authority of the Executive Director of Community Planning and Development

City and County of Denver
Community Planning and Development
201 W COLFAX AVE DEPT 205
DENVER, COLORADO 80202



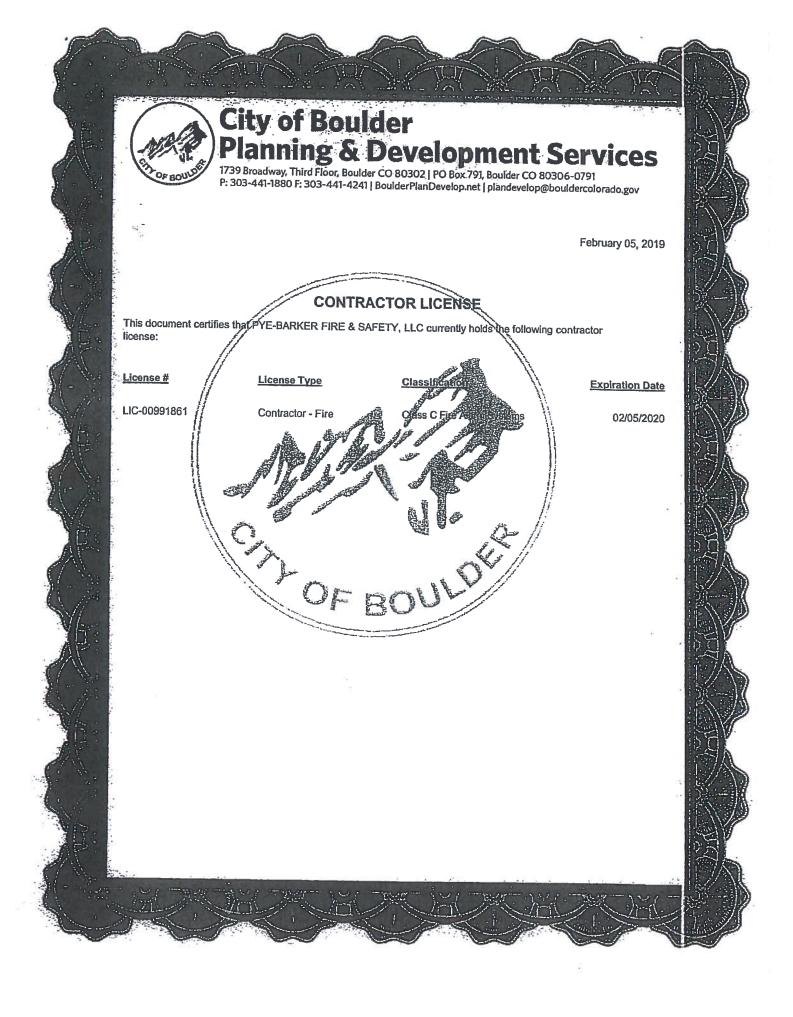
Licenses & Certificates: Permit Counter:

Inspection Administration:
Automated Inspection Request:

720.865.2770 720.865.2705

720,865,2505

LIC: /100 (4/100) CPDA





City and County of Broomfield One DesCombes Drive Broomfield, Colorado 80020

Contractor's License

PYE BARKER FIRE & SAFETY INC 1294 S INCA ST DENVER, CO 80223

License Type: GenC

This registration/license duly recognizes the above mentioned as meeting Broomfield Municipal Code, Title 15 requirements for registration/licensure as a contractor in the City and County of Broomfield for the term set forth. This registration may be revoked, suspended, or denied for cause in accordance with BMC Title 15.

Effective Date: 04/04/2019 Expiration Date: 04/03/2020

Timothy Pate, Chief Building Offical

Contractor Wallet ID Card Cut on outside line and fold to fit.

Issued to:PYE BARKER FIRE & SAFETY INC

Address:1294 S INCA ST

DENVER, CO 80223

License No.:OL-20-13355

This registration/scenes duly recognizes the above mentioned as meeting Brownfield Municipal Code. Title 15 requirements for registration/scensure as a contraction in the City and County of Brownfield for the term set forth. This registration may be revoked, suspended, or dealed for cause in accordance with SMC Title 15.

Effective Date: 04/04/2019 Expiration Date: 04/03/2020

Timothy Pate
Chief Building Offical

Information needed to request an inspection:

- >> Permit Number
- >> Address of Inspection
- >> Type of Inspection
- >> Date of Requested Inspection
- >> Name and phone number of person requesting inspection

City and County of Broomfield

One DesCombes Drive Broomfield, CO 80020

Inspection Line:

303.438.6376

No: OL-20-13355

Building Division:

303.438.6370

Fax:

303.438.6207



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle Colorado Springs, Colorado 80910 Website: http://www.pprbd.org

Follow us on social media

Invoice

facebook.com/PPRegionalBuilding/

4/18/2019 9:14:37 AM (SABRINA)

@PPRBD

(SABRINA) Receipt #: 1591361

@ppregionalbuilding

Customer: PYE-BARKER FIRE & SAFETY, LLC

Transaction Summary

		Transcaution Cumming		
Account	Description		Reference	Amount
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00

Total Due: \$200.00

Payment Summary

Account	Description	Reference	Amount
9801-55200	COLLECTION, CHECK	1125	\$50.00
9801-55200	COLLECTION, CHECK	1127	\$50.00
9801-55200	COLLECTION, CHECK	1129	\$50.00
9801-55200	COLLECTION, CHECK	1131	\$50.00

Total Tendered: \$200.00

Comment:



Fire Inspections Plus 3780 Interpark Drive Colorado Springs, CO 80809

Tele: 719-392-1122 Fax: 719-392-5510

Email:

fireinspectionsplus@gmail.com

23 April 2019

Factory Certifications

Reference: Ray Carnahan

Tyler Schaeffer

With Reference to employment,

Both Ray Carnahan (PPRBD# 11022) and Tyler Schaefer (PPRBD# 10768) are full time and sole employees of Fire Inspections Plus at this time and will be Full time and exclusive to Pye-Barker Fire upon change of Company licensing.

Attached are both Factory certifications.

Thank you very much for you help.

Sincerely.

Ray Carnahan

Call Fire Inspections Plus for all of your life safety needs.

Inspections and service on Fire alarm systems, Fire sprinkler systems,

Backflow devices, Fire extinguisher, Fire hydrants, Fire pumps, and Emergency lighting.



It is hereby certified that

Tyler Schafer

On behalf of

SENTRY FIRE & SAFETY INC -DENVER

ANSUL R-102 Restaurant Systems

Has completed the training course

On Wednesday, October 18, 2017

Certificate of Training

The 8 Hours 30 Min course covered details on the above mentioned training and the attendee has successfully passed the course exam.

The certificate is considered valid for 3 years from completion date and linked to the attendee and the company mentioned above

Hatherine aldrian

Katherine A. Adr.an Global Director – Technical Services Tyto Fire Protection Products

ANSU

Certificate of Training

It is hereby certified that

Ray Cornahan

Fire Inspection Plus

Colorado Springs

has successfully completed the training course

Design, Installation, Recharge & Maintenance R-102 Restaurant Fire Suppression System-

Training Hrs:

Training Date: September 13, 2016

Expiry Date: September 13, 2019

Mark E. Fessenden Director, Services - Almericas Typo Fire Protection Preducts

Fine Protection Products



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: PYE - BARKER FIRE & SAFETY,LLC	
PRINCIPAL: BARTON PROCTOR LICENSE HOLDER: RA	AYMOND CARNAHAN
RME: RAYMOND CARNAHAN RECOMMEND:	
■ APPROVAL	☐ DISAPPROVAL
DATE 4/25	5/19
LICENSE APPLYING FOR:	
FSC-A FSC-B FSC-C FSC-D FSC-H FS	SC-M FAC-A FAC-B
FAI FSI FSI-L FST-B FST-C	FST-D FHT
PPRBD INFORMATION NA	AME DATE
RECEIVED BY PPRBD SAE	BRINA 4/18/2019
CRIMINAL BACKGROUND CHECK SAE	BRINA 4/18/2019
SENT TO FIRE SAE	BRINA 4/18/2019
DEPARTMENT NA	AME DATE
CSFD Chip	Taylor 4/25/19
COMMENTS: NEW	
Pye Barker has purchased Fire Inspe	
is applying for new license under t	neir new name.

PPRBD LICENSING

Phone: 719-327-2887

FIRE

Phone: 719-385-5982

Fax: 719-327-2626

Fax: 719-385-7330

Email: Licensing@pprbd.org

Email: Fireconstructionservices@springsgov.com

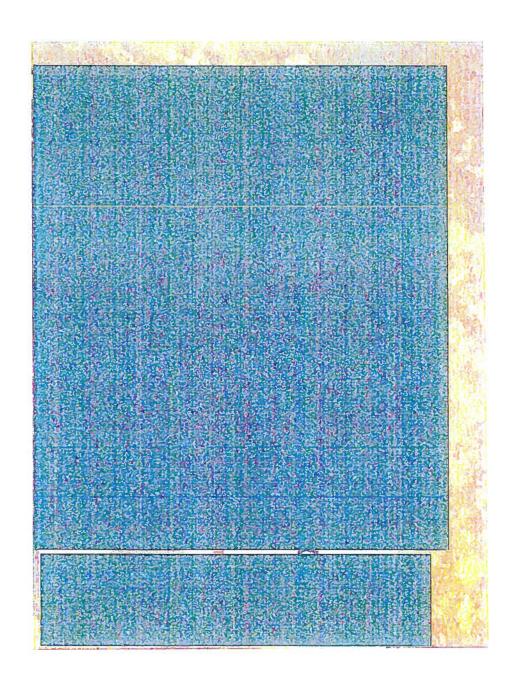
PIKES PEAK REGIONAL BUILDING DEPARMENT

Fire Suppression Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

RBD USE ONLY
Date 4-18-2019
Initial SC
Receipt # |59|36|
RBD #

FIRE SUPPRESSION CONTRACTOR LICENSE REQUES	TED (Check one)
□ FSC-A □ FSC-B □ FSC-C □ FSC-D	☐ FSC-M
Business	Information
Type of Entity (Check one) ☐ Individual ☐ Partne	ership Corporation LLC
Business Name: Pye-Barker Fire & Safety LLc (The business name is the name that will appear on the license and	is the actual name under which the contracting business will operate.)
Federal Employer Identification Number: 81-28837	43
Business Address: 942 Elkton Dr Street Address	
Colorado Springs	Apartment/Unit # Colorado 80907
City	State ZIP Code
Business Phone: 719-392-1122	Business Email: flaggc@pyebarkerfire.com
Business Fax: 303-294-0710	_ Business Website: Pyebarkerfire.com
Company's Principal Officers, Partners, or Owners Name: Barton A Proctor	_{Title:} Owner
	Title:
Name:	Title:
1. Number of years the company has operated as a c	ontractor? (If new, write "new") 78
2. What is the company's area of specialties? Fire	protection services all products
Type of work performed? (Check one or both, if apple	icable) □ Residential ☑ Commercial
3. Has the company ever been named in or responsible and/or claims against them in which the company was	ole for any entered and unsatisfied judgments, liens, as the contractor? Yes No If yes, Explain
4. Has the company been a defendant in a collection	action court case? 🗆 Yes 🗷 No If yes, Explain
5. Has the company ever declared bankruptcy? ☐ Ye	s ☑ No If yes, Explain
6. Has the company ever had a license suspended or	revoked? □ Yes ☑ No If yes, Explain
7. Has the company ever defaulted on a contract?	l Yes ☑ No If yes. Explain



Project history (List projects in which this company worked as the contractor.)
1. Project Street Address: Toyuk holms - 190 NEWPORT CO.
Type of work (check one) □ Residential □Commercial
Cost: 1650 Date: JUNE 2018 Your position: SUPPLUSUR
Describe Job in detail: MOUNI LYDRANT FOW TESTING
2. Project Street Address: NTSDU
Type of work (check one) □ Residential □ Commercial
Cost: 100 Date: JUNE 18 Your position: SURFUSOR
Describe Job in detail: DANVAL LINDRONT FLOW TESTING
3. Project Street Address: FTD - EY 125 Tloy Hill RD
Type of work (check one) □ Residential □Commercial
Cost: 50000 Date: JUN 2018 Your position: STREVSOR
Describe Job in detail: DONNAL HARM FUN TESTING
4. Project Street Address: MILLO MYAUS 4715 N CUSTNUT
Type of work (check one) □ Residential □ Commercial
Cost: 15° Date: 101 1018 Your position: Manager
Describe Job in detail: 1 DONAL HYDROT FLOW TESTING
5. Project Street Address: SWWIST ALCUNES
Type of work (check one) Residential Commercial
Cost: 100 Date: JIN 18 Your position: MONAICE
Describe Job in detail: <u>NANL LYNANT FOW TESTING</u>
CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made. Print Name and title owner, principal or manager) Raymond Carnahan
Signature: Date: 4/15/2019
Lord Spang 4/16/19

	Hydrant Jobs/Projects	jects
Customer Name	Address	Scope of work
Taylor Farms	890 Newbort Rd. Colorado Springs	Annual Hudrant Tecting
NTSOC	E Wooman Dr	Annual Hydrant Testing
Micro-Metals	4715 N Chestnut Dr, Colorado Springs, 80907	Annual Hydrant Testing
Fed-Ex	127 Troy Hill Rd, Colorado Springs, Co	Annual Hydrant Testing
South Colrado Springs Nissan	1333 S Academy Blvd, Colorado Springs, 80910	Annual Hydrant Testing
Skywest Airlines	1697 Aviation Way	Annual Hydrant Testing
		William Control of the Control of th

Power of Attorney

Know All Men by These Presents: that the undersigned does hereby make, constitute and appoint

Name:

Louis Greway

Address:

1294 S. Inca Street

Denver, CO 80223

The true and lawful attorney-in-fact for Pye-Barker Fire & Safety, LLC and in the name, place and stead of the corporation, to make and execute the assignments of or applications for vehicle Certificates of Title and other documents of registration or licensing.

And granting to the said attorney-in-fact full authority to do and perform all and every act and thing whatsoever requisite, necessary and proper to be done in and about the premises as fully and to all intents and purposes as the undersigned might or could do with full power of substitution and revocation hereby ratifying and confirming all that said attorney or his substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, the undersigned has caused his name to be subscribed hereto on this 28th Day of March 2018.

Pye-Barker Fire & Safety, LLC

Signature of person giving power of attorney

Barton A. Proctor, President Printed name and title

Notary Public Signature

Printed name of notary

1 年 日本	Licensee Information	
Legal Name: Carnahan	Raymond	The second second
Last	First	M.I.
Date of Birth: 09/11/1962	Social Security Number:	
Address: 1006 Palacio View	,	104
Street Address		Apartment/Unit #
Colorado Springs	Colo	80910
City	State	? ZIP Code
	303-294-0710 Email:	carnahanr@pyebarkerfie.com
1. What is your area of expertise in the indust	ry? fire extg sprinkler aları	m backflow
2. How long have you worked in the industry?	1 5 years	
3. What is your affiliation with the company?	(Owner, partner, employee, etc.)	nanager
4. Have you ever been convicted of a misdemo	eanor or felony? □ Yes ☑ No If yes, I	Explain
5. Have you had a license suspended or revoke	ed? □ Yes ☑ No If yes, Explain	
6. The examinee understands that direct supe following activities: supervising, managing cor decisions, checking jobs for proper workmansh qualifying individual, perform one or more of	istruction activities by making techn	ical and administration
	Cortifications	
NICET #	Cortifications NICET Level	Expires
		Expires Expires
NICET #	NICET Level	Expires
NICET#	NICET Level	The state of the s
NICET#	NICET Level Issued Issued	Expires
NICET # P.E. # D.O.T. #	NICET Level Issued Issued	Expires Expires
P.E. # D.O.T. # Company Position	NICET Level Issued Issued To	Expires Expires From
P.E. # D.O.T. # Company Position RockY mnt fire manager	Issued Issued To 2006	Expires Expires From 2002
P.E. # D.O.T. # Company Position RockY mnt fire manager	Issued Issued To 2006 2006	Expires Expires From
P.E. # D.O.T. # Company Position RockY mnt fire manager Sentry Fire service tech Fire Inspections Plus manager	Issued Issued To 2006 2006 2012	Expires Expires From 2002 2012 present
P.E. # D.O.T. # Company Position RockY mnt fire manager Sentry Fire service tech	Issued Issued Issued To 2006 2006 2012 To be signed by the Licensee) Pikes Pase to undergo a Criminal Backgroundent to perform a Criminal Backgroundent Backgrounder Background Check. If any informational Background Check.	Expires Expires From 2002 2012 present eak Regional Building d Check. I hereby and Check utilizing
P.E. # D.O.T. # Company Position RockY mnt fire manager Sentry Fire service tech Fire Inspections Plus manger CERTIFICATION (The following declaration is to Department requires all persons seeking a liceral authorize Pikes Peak Regional Building Department information provided on this application. I agromately declaration is untrue, license granted to me is application is untrue, license granted to me is application is untrue, license granted to me is a service of the provided to the provided to me is a service of the provided to th	Issued Issued Issued To 2006 2006 2012 To be signed by the Licensee) Pikes Pase to undergo a Criminal Backgroundent to perform a Criminal Backgroundent Backgrounder Background Check. If any informational Background Check.	Expires Expires From 2002 2012 present eak Regional Building d Check. I hereby and Check utilizing
P.E. # D.O.T. # Company Position RockY mnt fire manager Sentry Fire service tech Fire Inspections Plus manger CERTIFICATION (The following declaration is to provide a licer authorize Pikes Peak Regional Building Department information provided on this application. I agree may deny me a license after reviewing my Crimapplication is untrue, license granted to me is a service and the service of the servic	Issued Issued Issued To 2006 2012 Description of the Licensee Pikes Price to undergo a Criminal Backgroundent to perform a Criminal Backgrounder and understand Pikes Peak Regional Background Check. If any informationatically revoked.	Expires Expires From 2002 2012 present eak Regional Building d Check. I hereby and Check utilizing



Fire Inspections Plus
942 Elkton Drive
Colorado Springs, CO 80807
Phone 719-392-1122
Fax 719-392-5510
Email FIP@Q.COM

Colorado Springs Fire Dept:

November 19, 2014

Reference: Ray Carnahan Work Experience

To whom it may concern,

Fire Inspections Plus; May 2013- Present Title: Field Supervisor

Position Duties: Performing Alarm Inspections, Sprinkler inspections (outside PPRBD), coordinating inspections, service, repairs.

Sentry Fire and Safety; Jan 2011- May 2013: Title: Inspector

Duties: Performing Alarm & Sprinkler inspections. Backflow inspections, Kitchen suppression inspections, Fire extinguisher inspections. Also bid and co-ordinate service work and repairs.

Complete Fire Protection: April 2004- Dec 2010: Inspections & Service coordinator

Duties: Performing Alarm & Sprinkler inspections. Backflow inspections, Kitchen suppression inspections, Fire extinguisher inspections. Also bid and co-ordinate service work and repairs. Opened and ran Colorado Springs office last 2 years of employment.

Certifications: Oklahoma State University:

NFPA 1031 Fire inspector Level 1

NFPA 1031 Fire Inspector Level 2

NFPA 1031 Fire Inspector Level 2

Accreditation Seal #; 107686

NFPA 1035 Public Educator Level 1

NFPA 1001 Fire Fighter Level 1

NFPA 1001 Fire Fighter Level 2

Accreditation Seal #; 107688

Accreditation Seal #; 107689

NFPA 472 Hazardous Materials Level 1,2,&3

Accreditation Seals #; 108113,108114,108115

NICET Alarm Design Level 1

NICET Sprinkler Design and Layout Level 1

CSA: Alarm, Sprinkler, Kitchen Suppression, Fire Extinguishers

ASSE Backflow technician and Repair Technician



4-15-2019

Pikes Peak Regional Building Dept 2880 International Circle Colorado Springs, Colorado 80910

RE: Application for FSC-H license for private hydrants

To Whom It May Concern:

This letter is to attest that Pye-Barker Fire & Safety LLC does in fact posess and utilize all the proper equipment to test and service fire hydrants

Sincerely,

Louis R Greway Manger Pye-Baker Fire & Safety LLC

Off: 303-294-0708 Cell 720-271-0966

> 400 NO RT HWFNDS CENTER 11605 HAYNES BRIDGE RD STE 350 ALPHARETTA, GA 30009 (678) 281-6143 toll free (800) 927-8610

> > and pychar affracom



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/16/19

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

statement on this certificate does no	t con	fer rig	this to the certificate he	older in li	eu of such ei	r, certain poi ndorsement(:	icies may require an en s).	dorsement. A
PRODUCER Aon Risk Services, Inc of Florida				CONTA				
AOR MSK Services, Inc of Florida 1001 Brickell Bay Drive, Suite #1100 Miamil, FL 33131-4937			PHONE	NAME: Aon Risk Services, Inc of Florida FAX FAX (A/C, No): 800-522-7514 FAX (A/C,				
Miami, FL 33131-493/				EMAIL ADDRE		l.Center@Aon.o		22-7514
				ADDRE		R(S) AFFORDING		Nava ii
				INSURI	RA: New Hamp		OUVERNOE	NAIC#
INSURED				INSURI	·	07810 810 00		23841
ADP TotalSource FL XVIII, Inc. 10200 Sunset Drive				INSURI				
Miami, FL 33173 ALTERNATE EMPLOYER				INSURI				+
Pye-Barker Fire & Safely, LLC 200 Macy Drive				INSURI				
Alpharetta, GA 30076				INSUR	ERF:	_		
COVERAGES			FICATE NUMBER: 223			<u> </u>	REVISION NUMBE	R:
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCHINSRI	EQUIR PERT POLI	EMEN	IT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVI	OF ANY DED BY T	CONTRACT OF	R OTHER DOO DESCRIBED H IID CLAIMS.	TIMENT WITH DECORAT T	O WHICH THIS L THE TERMS.
LTR TYPE OF INSURANCE	INSR		POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED	\$
OCCUR.							PREMISES (Ea occurrence)	\$
							MED EXP (Any one person) PERSONAL & ADV INJURY	\$
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s s
POLICY PROJECT LOC							PRODUCTS - COMP/OP AGG	5
OTHER							111333413 301111101 1100	s
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s
ANY AUTO							BODILY INJURY (Per person)	\$
OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	s
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	s
							(Fer accident)	\$
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$
DEC RETENTION \$								
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			WC 047014227 C	0	11/06/18	07/01/19	X PER STATUTE OTH- ER	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	s 2,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
DESCRIPTION OF OPERATIONS DELOW		<u> </u>					E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
			-					
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	(ACO	RD 101, Additional Remarks Se	chedule, ma	y be attached if n	nore space is req	uired)	
See attached Certificate Holder Cancellation Notice. All workshe employees working for PYE-BARKER FIRE & SAFETY, LLC, paid under ADP TOTALSOURCE, INC is payroll, are covered under the above stated policy. PYE-BARKER FIRE & SAFETY, LLC is an atternate employer under this policy.								
CERTIFICATE HOLDER				CANC	ELLATION			
Pikes Peak Regional Building Department 2880 International Circle Colorado Springs, CO 80910				THE E	D ANY OF THE EXPIRATION D DANCE WITH	DATE THERE	CRIBED POLICIES BE CANC OF, NOTICE WILL BE ROVISIONS.	ELLED BEFORE DELIVERED IN

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MN./DD/YYYY) 4/12/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

	nea or each endorsement(s).	
PRODUCER Marsh & McLennan Agency LLC	CONTACT NAME:	
2301 Sugar Bush Road	PHONE (A/C, No. Ext): 919-788-7171 FAX (A/C, No):	919-782-1841
Suite 600 Raleigh NC 27612	E-MAIL ADDRESS: Certificates@MarshMMA.com	
Maleigh NO 27012	INSURER(S) AFFORDING COVERAGE	NAIC#
INCHOCA	INSURER A: Everest Indemnity Insurance Company	10851
nsured Pye-Barker Fire & Safety, LLC*	INSURER B: Depositors Insurance Company	42587
PO Box 69 Roswell, GA, 30077	INSURER C: National Union Fire Ins Co PittsburghPA	19445
11605 Haynes Bridge Rd, Ste 350 Alpharetta GA 30077	INSURER D: Nationwide Mutual Insurance Company	23787
COVERACEO	INSURER E : Aspen American Insurance Company	43460
	INSURER F: Evanston Insurance Company	35378

COVERAGES **CERTIFICATE NUMBER: 1176231469 REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
LTR	TYPE OF INSURANCE	ADDL S INSD V	UBR	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			51GL0034900191	1/1/2019	1/1/2020	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000
	X Contractual Liab						PREMISES (Ea occurrence)	\$ 50,000
	V Contractual Flab						MED EXP (Any one person)	\$5,000
	XCD IIIQQQBB						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
1	JECI LL LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
В	OTHER:							\$
6	AUTOMOBILELIABILITY			BAPD3028192010	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per person)	\$
	AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								S
E	X EXCESS LIAB X OCCUR			51CC001080191 CX00AD619	1/1/2019 1/1/2019	1/1/2020 1/1/2020	EACH OCCURRENCE	\$ 10,000,000
	CLAINS-MADE					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE	\$10,000,000
	DED RETENTION \$ WORKERS COMPENSATION						Excess Liability	\$ 20,000,000
	AND EMPLOYERS' LIABILITY V/N						X PER OTH-	
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory In NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
F C	Professional/Pollution Leased/Rented Equipment Fidelity			MMAENV001290 CIM3028192010 061813109	1/1/2019 1/1/2019 1/1/2019	1/1/2020 1/1/2020 1/1/2020	\$1,000,000 Limit \$100,000 \$2,000,000	per item per loss
	Diamon of the control							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
**DBA's: PB Parent; LLC, Lanstar, LLC; Pye-Barker Holdco, LLC; DBA A.A.C. United Fire & Safety Equipment, Inc.; DBA Accurate Fire Protection, Inc.; DBA Accurate Fire Equipment; DBA Advanced Fire Extinguishers & Safety Equipment; DBA Allstate Fire Protection, Inc.; DBA American Fire & Safety; DBA BRS Holdings LLC; DBA Commercial Fire Equipment Company; DBA D&C Fire Protection; DBA Dekalb Fire Protection Services, Inc. dba Georgia Fire; DBA East Coast Fire Equipment, Inc.; DBA Fire Boss, Inc. d/b/a Dragon Fire Systems; DBA Fire Inspections Plus; DBA Fire Pro, Inc.; DBA Fire X Services, LLC; DBA Innovative Electronic Control Systems Inc.; DBA Integrity Fire & Safety, DBA Lester King Fire and Safety Equipment, Inc.; DBA Metro Fire & Safety, Inc.; DBA Myrtle Beach Fire Safety Group; DBA Pro Fire Extinguishment, Inc.; DBA Pye Barker Industrial Cleaning, LLC; DBA Reliable Alarm Technology and Equipment, Inc.; DBA Reliable Fire & Safety Equipment Company, Inc.; DBA Sentry Fire & Safety; DBA South Carolina Safety Co.; DBA Suncoast Fire Safety; DBA Tampa Bay Fire Equipment; DBA Tanner Fire & Safety Equipment, Inc.

CERTIFICATE HOLDER	CANCELLATION
Pikes Peak Regional Building Department 2880 International Circle	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Colorado Springs CO 80910	Latyn Jade Wood

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Pye-Barker Fire & Safety, LLC

is an entity formed or registered under the law of South Carolina, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181878415.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/04/2018 that have been posted, and by documents delivered to this office electronically through 12/05/2018 @ 10:00:27.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/05/2018 @ 10:00:27 in accordance with applicable law. This certificate is assigned Confirmation Number 11260518 .



Secretary of State of the State of Colorado

Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click"Businesses, trademarks, trade names" and select "Frequently Asked Questions."

STATE OF COLORADO Division of Fire Prevention and Control



19-5-04101

Be It Known That Pye Barker Fire & Safety Inc.

Brad Reading Sprinkler Fitter-RME

Has Successfully Completed All Requirements to Become Registered

Fire Suppression Systems Contractor

Issued On January 1, 2019

Expiring On, Unless Earlier Revoked

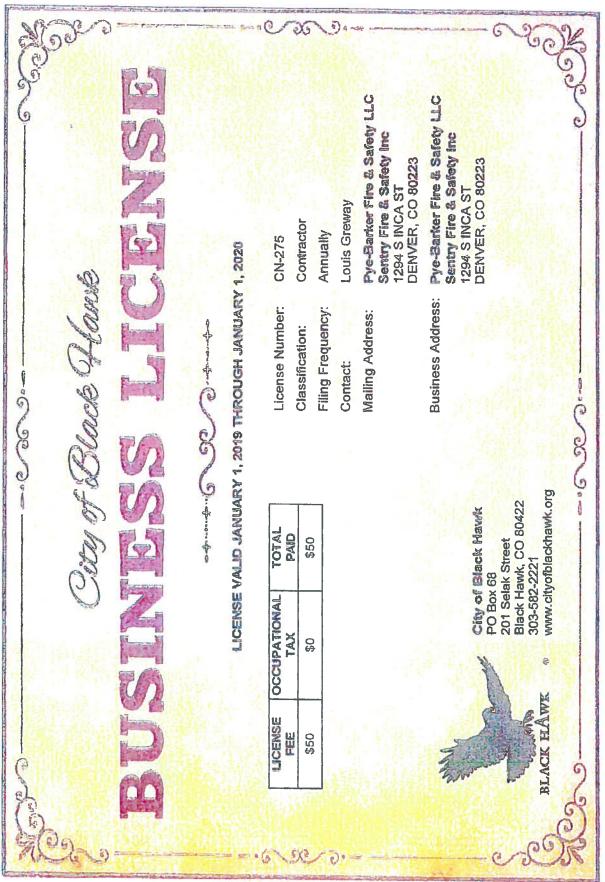
December 31, 2019

In Accordance With 8 CCR 1507-11

Fire & Life Safety Section Division of Fire Prevention & Control 709 Kipling Street, Suite 4100 Denver, CO 80215

Mike Morgen, Director





OPERATING A BUSINESS WITHOUT A LICENSE IS SUBJECT TO CIVIL ACTIONS AND PENALTIES

City and County of Denver Community Planning and Development www.denvergov.org/contractor_licensing

License/Registration Number: Expiration Date: 04/30/2021

LIC22154

License Type: Electrical Signal

Issued To:

By Authority of the Executive Director of Community Planning and Development

PYE-BARKER FIRE &SAFETY LLC **1294 S INCA ST DENVER, CO 80223**

Amount \$75,00	Fund/Org/Revenue Code 01010-0141140-352900
\$75.00	01010-0141140-352900
\$75.60	01010-0141200-352900

Payment Date 12/14/2001 01166209 12/26/2002

04004231

01/13/2004

Status Paid Paid Paid

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on

Rênewal information is available at www.denvergov.org/Contractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection:

v Permit number

√ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501 Inspections are performed Monday through Friday.

Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.

Cut on outside of line, then fold in half.

City and County of Denver

City and County of Denver Community Planning and Development 201 W COLFAX AVE DEPT 205 **DENVER, COLORADO 80202**

License/Registration

LIC22154

This is to certify that PYE-BARKER FIRE &SAFETY LLC has been issued a Electrical Signal license in the City and County of Denver, beginning on 13 January 2004 and ending on 30 Apr 2021, unless license is revoked.

> By Authority of the Executive Director of Community Planning and Development



Licenses & Certificates:

720.865,2770 720.865.2705

Permit Counter: Inspection Administration:

720.865,2505

Automated Inspection Request:

720.865.2501

LIC. 100 (4/100) CPDA

City and County of Denver -Community Planning and Development www.denvergov.org/contractor_licensing

License/Registration Number:

Expiration Date: 02/28/2021

License Type: Fire Pro A

LIC7292

Issued To:

By Authority of the Executive Director of Community Planning and Development

PYE-BARKER FIRE & SAFETY LLC **1294 S INCA ST DENVER, CO 80223**

> Amount \$75,00 \$80.00

Fund/Org/Revenue Code 01010-0141140-355600

01/24/2001

Payment Date Trans# 01009992 11011041

01156211

Status Paid

\$75.00

01010-0141200-355500 01010-0141140-355600 02/08/2011 12/14/2001 Pald Paid

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on

Renewal information is available at www.denvergov.org/Contractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection:

√ Permit number

√ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501 Inspections are performed Monday through Friday.

- Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.

Cut on cutside of line, then fold in half.

City and County of Denver

IDENTIFICATION CARE

City and County of Denver Community Planning and Development 201 W COLFAX AVE DEPT 205 **DENVER, COLORADO 80202**

License/Registration

LIC7292

No.:

This is to certify that PYE-BARKER FIRE & SAFETY LLC has been issued a Fire Pro A license in the City and County of Denver, beginning on 14 December 2001 and ending on 28 Feb 2021, unless license is revoked.

> By Authority of the Executive Director of Community Planning and Development

DENVER

Licenses & Certificates:

Permit Counter: Inspection Administration:

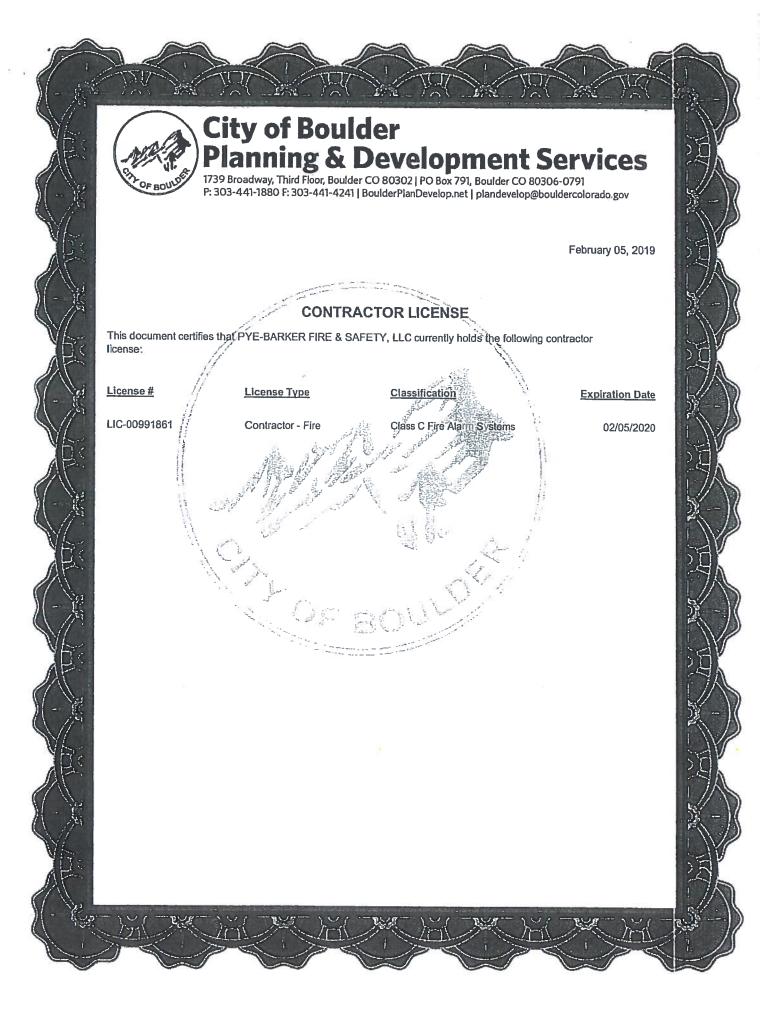
Automated Inspection Request:

720.865.2705 720,865,2505 720.865,2501

720.865.2770

LIC: 100 (4/100) CPDA

THE PARTY PROPERTY OF THE PARTY OF



Fire Inspections Plus

Fire Inspections Plus
942 Elkton Drive
Colorado Springs, CO 80807
Phone 719-392-1122
Fax 719-392-5510
Email FIP@Q.COM

Colorado Springs Fire Dept:

November 19, 2014

Reference: Ray Carnahan Work Experience

To whom it may concern,

Fire Inspections Plus; May 2013- Present Title: Field Supervisor

Position Duties: Performing Alarm Inspections, Sprinkler inspections (outside PPRBD), coordinating inspections, service, repairs.

Sentry Fire and Safety; Jan 2011- May 2013: Title: Inspector

Duties: Performing Alarm & Sprinkler inspections. Backflow inspections, Kitchen suppression inspections, Fire extinguisher inspections. Also bid and co-ordinate service work and repairs.

Complete Fire Protection: April 2004- Dec 2010: Inspections & Service coordinator

Duties: Performing Alarm & Sprinkler inspections. Backflow inspections, Kitchen suppression inspections. Fire extinguisher inspections. Also bid and co-ordinate service work and repairs. Opened and ran Colorado Springs office last 2 years of employment.

Certifications: Oklahoma State University:

NFPA 1031 Fire inspector Level 1 Accreditation Seal #; 107685
NFPA 1031 Fire Inspector Level 2 Accreditation Seal #; 107686
NFPA 1035 Public Educator Level 1 Accreditation Seal #; 107684
NFPA 1001 Fire Fighter Level 1 Accreditation Seal #; 107688
NFPA 1001 Fire Fighter Level 2 Accreditation Seal #; 107689

NFPA 472 Hazardous Materials Level 1.2,&3

Accreditation Seals #: 108113,108114.108115

NICET Alarm Design Level 1

NICET Sprinkler Design and Layout Level 1

CSA: Alarm, Sprinkler, Kitchen Suppression, Fire Extinguishers

ASSE Backflow technician and Repair Technician

Sincerely,

Ray Carnahan Field Supervisor

Call Fire Inspections Plus for all of your life safety needs.
Inspections and service on Fire alarm systems, Fire sprinkler systems,
Backflow devices, Fire extinguishers, Fire hydrants, Fire pumps, and Emergency lighting.



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle Colorado Springs, Colorado 80910 Website: http://www.pprbd.org

Follow us on social media

Invoice

facebook.com/PPRegionalBuilding/

4/18/2019 9:14:37 AM (SABRINA)

@PPRBD

Receipt #: 1591361

ppregionalbuilding

Customer: PYE- BARKER FIRE & SAFETY, LLC

Transaction Summary

Account	Description	•	Reference	Amount
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00

Total Due: \$200.00

Payment Summary

Account	Description	Reference	Amount
9801-55200	COLLECTION, CHECK	1125	\$50.00
9801-55200	COLLECTION, CHECK	1127	\$50.00
9801-55200	COLLECTION, CHECK	1129	\$50.00
9801-55200	COLLECTION, CHECK	1131	\$50.00

Total Tendered: \$200.00

Comment:



One DesCombes Drive Broomfield, Colorado 80020

Contractor's License

PYE BARKER FIRE & SAFETY INC 1294 S INCA ST DENVER, CO 80223

License Type: GenC

This registration/license duly recognizes the above mentioned as meeting Broomfield Municipal Code, Title 15 requirements for registration/licensure as a contractor in the City and County of Broomfield for the term set forth. This registration may be revoked, suspended, or denied for cause in accordance with BMC Title 15.

Effective Date: 04/04/2019 Expiration Date: 04/03/2020

Timothy Pate, Chief Building Offical

Thorago Pale

Contractor Wallet ID Card

Cut on outside line and fold to fit.

Issued to:PYE BARKER FIRE & SAFETY INC

Address:1294 S INCA ST

DENVER, CO 80223

License No.: OL-20-13355

This registration/license duly recognizes the above mentioned as meeting Broomfield Municipal Code. Title 15 requirements for registration/licensure as a contractor in the City and County of Broomfield for the term set forth. This registration may be revoked, suspended, or denied for cause in accordance with BMC Title 15.

No: OL-20-13355

Effective Date: 04/04/2019 Expiration Date: 04/03/2020

Timothy Pate
Chief Building Offical

Information needed to request an inspection:

- >> Permit Number
- >> Address of Inspection
- >> Type of Inspection
- >> Date of Requested Inspection
- >> Name and phone number of person requesting inspection

City and County of Broomfield One DesCombes Drive

Broomfield, CO 80020

Inspection Line:

303.438.6376

Building Division:

303.438.6370

Fax:

303.438.6207



Fire Inspections Plus 3780 Interpark Drive Colorado Springs, CO 80809

Tele: 719-392-1122

Fax: 719-392-5510

Email:

fireinspectionsplus@gmail.com

23 April 2019

Hydrant Experience

Reference: Ray Carnahan

With Reference to employment,

Ray Carnahan (PPRBD# 11022) is full time and sole employees of Fire Inspections Plus at this time and will be Full time and exclusive to Pye-Barker Fire upon change of Company licensing.

My Fire Hydrant Experience:

Fire Fighter with the Canadian Armed Forces from 1988 thru 1998, Achieving NFPA Certification from Oklahoma State University. Tested and Maintained Base and Shipboard Fire Hydrants as per Base SOP and NFPA.

Inspector with Rocky Mountain Fire and Safety, Supervisor Charlie Sullivan. Testing of Private Fire hydrants in Denver, Aurora, Colorado Springs, Pueblo

Inspector with Complete Fire and Safety, tested of Private Fire hydrants Colorado Springs.

Thank you very much for you help.

Sincerely.

Ray Carnahan

Call Fire Inspections Plus for all of your life safety needs.

Inspections and service on Fire alarm systems, Fire sprinkler systems,
Backflow devices, Fire extinguisher, Fire hydrants. Fire pumps, and Emergency lighting.



Fire Inspections Plus 3780 Interpark Drive Colorado Springs, CO 80809

Tele: 719-392-1122 Fax: 719-392-5510

Email:

fireinspectionsplus@gmail.com

23 April 2019

Hydrant Certifications

Reference: Corey Eager

Tyler Schaeffer

With Reference to employment.

Both Corey eager (PPRBD# 11361) and Tyler Schaefer (PPRBD# 10768) are full time and sole employees of Fire Inspections Plus at this time and will be Full time and exclusive to Pye-Barker Fire upon change of Company licensing.

Attached are both CSA certifications.

Thank you very much for you help.

Sincerely,

Ray Carnahan

Call Fire Inspections Plus for all of your life safety needs.

Inspections and service on Fire alarm systems, Fire sprinkler systems,

Backflow devices, Fire extinguisher, Fire hydrants, Fire pumps, and Emergency lighting.